



Department of Marine Administration  
Ministry of Transport and Communications  
Republic of the Union of Myanmar

# Guidance for Seafarer Medical Examinations and Certifications

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DMA

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# Guidance for Seafarer Medical Examinations and Certifications

## 1 Introduction

The STCW Convention, 1978 and the MLC, 2006 require standards of medical fitness for seafarers and procedures to be established for the issue of a medical certificate attesting that they are medically fit to perform the duties they are to carry out at sea.

Accordingly, under the Myanmar Merchant Shipping Act, Section 21, Notification 108/2012, the Department of Maritime Administration makes a provision for the issue of medical certificates for seafarers (masters, officers, and ratings) and gives effect to Section A-I/9 of the STCW Code, including 2010 Manila Amendments.

The “Guidance for seafarer medical examinations and certifications” shall apply to seafarers employed or engaged in any capacity on board every seagoing merchant ship, whether publicly or privately owned, which is registered in the territory of any member State of the STCW Convention and is ordinarily engaged in commercial maritime operations, provided that any subsequent versions of the Guidance will give effect the same.

Seafarers are required to undergo medical examinations to reduce risks to other crew members and for the safe operation of the ship, as well as to safeguard their personal health and safety.

These guidelines have been compiled for the use of medical doctors who are assessing an individual’s fitness to work at sea. The medical fitness standards have been developed in relation to the different tasks of seafarers in Annex II to this Guidance. Some employing companies may have more stringent guidelines which depend on the nature of the works and specific tools operated.

As for the final decision on whether an applicant is fit to work or not in a particular job at sea rests with the Medical Doctor, these guidelines draw attention to those conditions that have the potential to present a high level of risk in some circumstances.

Establishment of these guidelines for seafarer medical fitness standards and provisions follows the consensus of the guidance contained in the ILO/WHO publication *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers* including any subsequent versions, and any other applicable international guidelines published by the International Labour Organization, the International Maritime Organization or the World Health Organization. Accordingly, the “Guidelines on the Medical Examination of Seafarers” was subsequently issued by the STCW Circular, STCW.7/Circ.19/Rev.1 that supersedes the previous version of Guidelines. These Guidelines are intended for use by medical examiners, shipowners, seafarers' representatives and others concerned with the conduct of medical fitness examinations of seafarer candidates and serving seafarers. They have been developed to reduce wide differences in medical requirements and examination

procedures and to ensure that medical certificates which are issued to seafarers are a valid indicator of their medical fitness for the work they will perform. Ultimately, the aim of the Guidelines is to contribute to improved health and safety at sea.

## 2 Application

The requirements of the “**Guidance for seafarer medical examinations and certifications**” apply to seafarers employed or engaged in any capacity on board every seagoing merchant ship, whether publicly or privately owned, which is registered in the territory of any member State of the STCW Convention and is ordinarily engaged in commercial maritime operations.

The requirements do not apply to seafarers on fishing vessels, pleasure vessels which are not used commercially and offshore installations whilst on their working stations.



### 3 Definitions

1. "DMA" means the Department of Marine Administration, Republic of the Union of Myanmar.
2. "DMA examiner" means the DMA official who is designated as an examiner.
3. "medical examiner" means either an approved medical doctor or a designated optometric examiner.
4. "approved medical doctor" means a registered medical practitioner approved by the DMA.
5. "crew" means the persons employed or engaged in any capacity on board a ship (except a master, a pilot, or a person temporarily employed on the ship while it is in port).
6. "designated optometric examiner" means a registered optometrist approved by DMA.
7. "Director General" means Director General of the Department of Marine Administration for the time being.
8. "pre-sea medical examination" means a medical examination conducted before a person embarks upon a seafaring career.
9. "registered medical practitioner" means an approved medical doctor who has obtained registration number issued by the DMA or Director General or on his behalf.
10. "medical referee" means an appointed doctor who carries out seafarer medical reviews/appeals as mentioned in [paragraph 15.1](#) of this guidance and provides information on the appointment of DMA approved medical examiners.
11. "seafarer" means any person who is employed or engaged on any ship in any capacity for hire or reward; or works on any ship for gain or reward otherwise than under contract of employment; but does not include a pilot or any other person temporarily employed on a ship while it is in port.
12. "Master" means any person (except a pilot) having command or charge of any ship.
13. "passenger" means any person carried on a ship, other than the master and members of the crew, and any other person employed or engaged in any capacity on board the ship on the business of the ship.
14. "ship" means every description of boat or craft used in navigation, whether or not it has any means of propulsion; and includes a barge, lighter, or other like vessel; and a hovercraft or other thing deriving full or partial support in the atmosphere from the reaction of air against the surface of the water over which it operates; and a submarine or other submersible.
15. "STCW" means the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended.
16. "MLC" means the Maritime Labour Convention, 2006 (MLC, 2006).

## 4 Understanding the seafaring life

A medical doctor should bear in mind the following aspects of shipboard seafarer's life.

1. Ships are usually sailing out to seas as far offshore so as shore medical assistant to unreachable to the areas where it is often faced with difficulties for changing seafarers who become sick. In the contemporary maritime era, many ships have only the minimum number of crew on board necessary to operate the ship, thus the incapacitation of even one of the crew on board may place a substantial additional burden on co-workers.
2. Officers on board ship generally receive basic first aid and other medical training, and ships are usually provided with fundamental medical supplies. Nevertheless, it is often impossible to transport sick or injured seafarers ashore where they can be treated by certified physicians. In some geographical areas, the closest medical care ashore may be well below the standard of the seafarers' home country. Seafarers with certain medical conditions may not get the medical care they need while at sea. It is therefore inadvisable and often unsafe to allow persons with such medical conditions to become seafarers or to return to seagoing employment.
3. Lifestyle of seafarers is staying close together at sea, often for long periods. Infectious diseases consequently may be a serious risk, threatening the health of other seafarers and passengers as well as the safety of the ship. It is particularly critical that seafarers concerned with the preparation of food and provisions.
4. Seafarers must be both physically and psychologically fit to carry out their routine duties appropriately and to be able to respond to emergency situations, such as, fire-fighting, lifeboat launching, crowd management. They should be able to withstand the impacts of heavy weather, move and work in confined spaces, sometimes climb ladders and lift heavy weights and be able to endure to weather exposure on deck or excessive heat in the engine room spaces. Since they have often to travel by air to reach and return from their ships, they should not be sensitive to the conditions which may prohibit air travel.
5. Moreover, they should be able to live and work closely with their co-workers for weeks, perhaps months, on end under often stressful state of affairs. They must be capable of dealing effectively with isolation from family and friends and, in some cases, from persons of their own cultural background.
6. Shipping operations and shipboard duties vary substantially. For a better understanding of the physical demands of particular categories of work on board ship, the approved medical doctor should consult a copy of STCW Code, or consult the Director General, the employer or employees representatives, or otherwise endeavour to learn as much as possible about seafaring life.

## **Part I – Guidelines for medical examination**

### **5 Objectives of a medical assessment of fitness for duty**

1. Shipowners or operators or companies have a duty of care to provide a safe working environment and protect the health, safety and welfare of seafarers. Seafarers similarly have a duty of care for their own safety and that of the people they work with and the community. Medical assessment of fitness is one aspect of meeting this duty of care.
2. The main objectives of a medical examination of fitness for duty at sea are:
  - .1 to ensure that individuals are fit to perform the essential tasks of their job at sea effectively and
  - .2 to anticipate and, where possible, prevent the avoidable occurrence of ill-health offshore which could place individuals, their colleagues and emergency personnel at risk.

### **6 Type and frequency of medical examinations**

1. For most medical conditions, the same criteria are appropriate for medical examinations undertaken at all stages of a seafaring career. However, where a condition is present that is likely to worsen in the future and thus limit a cadet's or trainee's ability to undertake the range of duties and assignments that are essential for complete training, there may be less flexibility in the application of fitness standards than for serving seafarers, in order to ensure that all training requirements can be met. Examinations are normally performed every two years. Where there is a health condition that requires more frequent surveillance, they may be performed at shorter intervals. It is important to recognize that the requirement for more frequent examinations may limit the ability of a seafarer to obtain employment and lead to additional costs for the seafarer or their employer. If examinations are at intervals of less than two years, they may solely concern the condition under surveillance and, in this case, any reissued medical certificate should not be valid for more than two years from the previous full examination.
2. Any examination requirements of employers or insurers should be distinguished from statutory fitness examinations; the seafarer should be informed if both are being assessed at the same time and should consent to this. A medical certificate should be issued if statutory standards are met, irrespective of compliance with any additional employer requirements.
3. Seafarer medical examinations may also provide an opportunity to take measures to correct or mitigate medical conditions which could adversely affect the health of seafarers and should include measures of a preventive character. Tests necessary to



evaluate the occupational exposure at work on board ship may, when appropriate, be performed at the same time as the periodic examinations.

4. All seafarers should be assessed as to medical fitness for duties at sea as the table 6.1.

*Table 6.1: Required intervals for medical examination upon range of age*

Age	Frequency
Under 18 years	Annually
Between 18 and 60 years	Two-yearly
60 years and above	Annually, with resting ECG (stress ECG, if in safety critical job and clinically indicated)

In addition, it needs to be examined again if there is a change in the medical condition of the seafarer or after prolonged sickness absence of 3 months or more due to injury or illness.

## **7 Seafarer medical fitness examinations**

1. The aim of the medical examination is to ensure that the seafarer being examined is medically fit to perform his or her routine and emergency duties at sea and is not suffering from any medical condition likely to be aggravated by service at sea, to render him or her unfit for service or to endanger the health of other persons on board. Wherever possible, any conditions found should be treated prior to returning to work at sea so that the full range of routine and emergency duties can be undertaken. If this is not possible, the abilities of the seafarer should be assessed in relation to his or her routine and emergency duties and recommendations made on what the seafarer is able to do and whether any reasonable adjustments could enable him or her to work effectively. In some cases, problems will be identified that are incompatible with duties at sea and cannot be remedied. [Appendices A to E](#) provide information on the disabilities and medical conditions which are not likely to prevent all routine and emergency duties being performed, those which require adaptation or limitation to routine and emergency duties, and those which result in either short-term or longer term unfitness to work at sea.
2. Medical examination findings are used to decide whether to issue a medical certificate to a seafarer. Consistent decision-making needs to be based on the application of criteria for fitness that are applied in a uniform way, both nationally and, because of the global nature of seafaring and marine transport, internationally. These Guidelines provide the basis for establishing national arrangements which are compliant with the relevant international conventions.
3. The medical certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to

their post at sea safely and effectively during the period of validity of the medical certificate. Hence, the routine and emergency duties must be known to the examining medical doctor, who will have to establish, using clinical skills, whether the seafarer meets the standards for all anticipated routine and emergency duties specific to their individual post and whether any routine or emergency duties need to be modified to enable them to be performed safely and effectively.

4. The ability to safely and effectively perform routine and emergency duties depends on both a person's current degree of fitness and on the likelihood that they will develop an impairing condition during the validity period of the medical certificate. Criteria for performing routine and emergency duties safely will be higher where the person has critical safety duties, either as part of their routine or in emergencies. Other safety consequences also need to be considered, for instance whether a seafarer is suffering from any medical condition likely to be aggravated by service at sea, to render the seafarer unfit for such service, or to endanger the health and safety of other persons on board.
5. The examining medical doctor should base the decision to issue a medical certificate on whether criteria for minimum performance requirements, as listed in the appendices to this document, are met in the following areas:
  - .1 vision (appendix A), hearing (appendix B) and physical capabilities (appendix C);
  - .2 impairment from the use of medication (appendix D); and
  - .3 presence or recent history of an illness or condition (appendix E).
  - .4 The consequences of impairment or illness will depend on the routine and emergency duties and, in some cases, on the distance from shore-based medical facilities.
6. Thus, the examining medical doctor needs the skills to assess individual fitness in all these areas and the knowledge to relate their findings to the requirements of the individual's routine and emergency duties at sea whenever any limitations in fitness are identified.
7. Competent authorities may, without prejudice to the safety of the seafarers or the ship, differentiate between those persons seeking to start a career at sea and those seafarers already serving at sea and between different functions on board, bearing in mind the different duties of seafarers.

## **8 Conduct of medical examinations**

1. The following suggested procedures do not aim to replace in any way the judgement or experience of the medical doctor. They will, however, serve as a tool to assist in the conduct of examinations of seafarers. A model medical examination form has been provided in [paragraph 24.5 Form V](#).

- .1 The medical doctor should determine whether there is any special purpose for the examination (e.g. return after illness or follow-up for continuing health problem) and, if so, should conduct the examination accordingly.
- .2 The identity of the seafarer to be examined shall be verified against biometric authentication or ID. The number of SIRB, passport, national registration card or other relevant identity document should be entered on the examination form.
- .3 The examinee's intended position on board ship and, as far as practicable, the physical and mental demands of this work and the anticipated voyage pattern should be established. This may give insights that enable work to continue but with limitations based on the nature of the voyage (for example, fit for coastal or harbour service only) and the job to be held.
- .4 Information should be collected from the examinee on his or her previous medical history. Point-by-point questions on the details of previous diseases and injuries should be asked and the results recorded. Details of other diseases or injuries not covered should also be recorded. After the information is collected, the examinee should sign the form to certify that to the best of his/her knowledge it is a true statement. An individual should not, however, bear the burden of proof concerning the consequences of illness, past or present, on his or her fitness for work.
- .5 The examinee's previous medical records, where appropriate and available, should be reviewed.
- .6 The physical examination and the necessary additional examinations should be checked and recorded according to set procedures (see paragraph 24.5 Form V).
- .7 Hearing, eyesight and colour vision, if necessary, should be checked and recorded. Eyesight should be in compliance with the international eyesight standards for seafarers set out in section A-I/9 of the STCW Code (see [appendix A](#) for vision standards and [appendix B](#) for hearing standards). In examinations, appropriate equipment should be used in the assessment of hearing capacity, visual acuity, colour vision and night blindness, particularly regarding those examinees who will be engaged in lookout duties.
- .8 Physical capability should be assessed where the medical examination identifies that it may be limited by an impairment or medical condition (see [appendix C](#)).
- .9 Testing for the presence of alcohol and drugs in the course of a medical examination does not form part of these international Guidelines. Where it is performed, as a requirement of national authorities or employers, the procedures used should follow national, if available, or international good practice guidelines. These should provide adequate procedural and ethical safeguards for the seafarer. Consideration should be given to the Guiding Principles on Drug and Alcohol Testing Procedures for Worldwide Application in the Maritime Industry, adopted by

the Joint ILO-WHO Committee on the Health of Seafarers (Geneva, 10-14 May 1993), and any subsequent revisions.

- .10 The application of multiple biochemistry or haematology tests or the use of imaging techniques applied to all seafarers is not recommended, other than where indicated in [appendices A to E](#). Such tests should only be used where there is a clinical indication. The validity of any test used for the identification of a relevant medical condition will depend on the frequency with which the condition occurs. Use is a matter for national or local judgement, based on disease incidence and test validity. In addition, decisions about fitness based solely on the results of single or multiple screening tests in the absence of a specific diagnosis or impairment are of limited predictive value. Unless tests have very high validity, use will result in inappropriate certification of a proportion of those tested.
  - .11 The medical doctor should be aware that there are no well-validated tests for the assessment of mental aspects of working ability that are suitable for inclusion in the medical examinations of seafarers.
  - .12 The results of the examination should be recorded and assessed to determine if the seafarer is fit for the work which will be undertaken. [Appendices A to E](#) contain guidance on medical criteria used to consider whether a seafarer is fit or currently unfit for work at sea. The age and experience of the seafarer to be examined, the nature of the duties to be performed and the type of shipping operation and cargo should be taken into account.
2. There are defined numerical criteria for some aspects of vision ([appendix A](#)) and hearing ([appendix B](#)). Here, decisions on fitness will depend on achieving the levels of perception that are listed, taking note of the explanatory information in the appendices. For other conditions, where such numerical criteria do not exist, the criteria have been classified in three categories, depending on the likelihood of recurrence at different stages and the severity of each condition.
  3. Case-by-case assessment is recommended in the appendices where a specialist view on prognosis is needed or where there is considerable diversity in capability or likelihood of recurrence or progression.
    - .1 **Incompatible with the reliable performance of routine and emergency duties safely or effectively:**
      - i. expected to be temporary (T), i.e. less than two years;
      - ii. expected to be permanent (P), i.e. more than two years.
- For seafarers who are determined by the medical doctor to have a medical condition where such a finding has been made, a medical certificate would not normally be issued.



This category means that the medical condition is such that the seafarer may cause a danger to the safety of the vessel or to other persons on board; they may not be able to perform their routine and emergency duties on board; or their health or life may be put at greater risk than would be the case if they were on shore. The category may be used temporarily until a condition has been treated, returns to normal, or a period without further episodes indicates that the likelihood of recurrence is no longer increased. It may be used on a permanent basis where the seafarer has a condition that can be expected to render them unable to meet the standards in the future.

- .2 **Able to perform some but not all routine and emergency duties or to work in some but not all waters (R):** a restricted medical certificate would normally be issued.

This category may mean that the seafarer has a condition that requires more frequent medical assessment than the two-year normal interval between medical certificates – i.e. a time-limited medical certificate (L).

Alternatively, they may be capable of performing the routine and emergency duties required of all seafarers but need some of their own duties to be adapted because they are expected not to be able to perform some of the duties specific to the work they normally undertake. They may also be more likely to suffer serious adverse effects from working in certain climates or beyond a certain distance from onshore medical care. In these cases, the job adaptations needed are specified and the medical certificate is restricted (R).

Use of this category can enable seafarers to remain working despite the presence of certain health-related impairments. However, it should be used only when clearly indicated as it may lead to the possibility that an employer will choose not to engage a seafarer even for duties that are within their capabilities or where duties can readily be adjusted.

- .3 **Able to perform all duties worldwide within designated department:** an unrestricted medical certificate of full duration would normally be issued.

This category means that the seafarer can be expected to be fit for all duties within their department on board and can fully discharge all routine and emergency duties for the duration of the medical certificate.

If the seafarer is found fit for the work to be performed, the medical certificate should be issued. Any restrictions concerning work (i.e. the job the seafarer will perform, the trade area, the time limit or other considerations) should be reflected on the medical certificate in the description of the work he or she is fit to undertake. Further information on the medical certificate is provided in [page 83 \(Medical Certificate for service at sea\)](#).



4. If the seafarer is found temporarily or permanently unfit for service or has limitations placed on their duties, he or she should be given an explanation of the reasons and should be advised of the right to appeal and on how to make an appeal. Additional guidance on appeals procedures is provided in [paragraph 15](#) of these Guidelines. If "temporarily unfit", advice should be given on the need to undergo additional tests, to obtain opinions from specialists or to complete dental or other treatment, rehabilitation and/or appropriate medical care. The seafarer should be informed when to return for another examination.
5. As appropriate, the seafarer should be counselled on lifestyle (limiting alcohol intake, stopping smoking, modifying diet, losing weight, etc.) and on the dangers of and methods of prevention of malaria, hepatitis, HIV/AIDS and other communicable diseases. Printed health educational materials on drug and alcohol abuse prevention, smoking cessation, diet, communicable diseases prevention, etc., should also be provided, if available.
6. The medical examination records should be clearly marked as confidential and retained, in the custody of the health establishment where the medical certificate was issued. The file should be kept confidential and should not be used for any purpose other than facilitating the treatment of seafarers and should be made available only to persons duly authorized in accordance with national data protection laws.
7. Relevant information on his/her health should be given to the seafarer on request and the seafarer should be advised to take it to the next medical examination or when he or she is treated for an illness or injury. If possible, a card indicating blood type, any serious allergies and other vital information should also be given to the seafarer to facilitate emergency treatment.

## Appendix A

### Vision test

All tests needed to determine the visual fitness of a seafarer are to be reliably performed by a competent person and use procedures recognized by the relevant national authority. Quality assurance of vision-testing procedures at a person's first seafarer examination is particularly important to avoid inappropriate career decisions; competent authorities may wish to specify this in detail:

- Distance vision should be tested using Snellen test type or equivalent.
- Near vision should be tested with reading test type.
- Colour vision should be tested by colour confusion plates (Ishihara or equivalent).
- Supplementary investigations such as lantern tests or computer screen display should also be used for bridge personnel (i.e., deck officers and seafarers who serving bridge keeping duties) when appropriate (see the International Recommendations for Colour Vision Requirements for Transport of the International Commission on Illumination (CIE-143-2001, including any subsequent versions)). The use of colour-correcting lenses will invalidate test results and should not be permitted.
- Visual fields may initially be assessed using confrontation tests (Donders, etc.) and any indication of limitation or the presence of a medical condition where visual field loss can occur should lead to more detailed investigation.
- Limitations to night vision may be secondary to specific eye diseases or may follow ophthalmological procedures. They may also be noted during other tests or found as a result of limitations to low-contrast vision testing. Specialist assessment should be undertaken if reduced night vision is suspected.

### Vision standards

#### [1] Deck Personnel

Both good visual acuity and unimpaired colour vision are essential for those undertaking lookout duties. This includes all deck officers and ratings. Lookout duties are those involving actually looking out to sea, (to check for hazards, other vessels etc) and should not be confused with 'watchkeeping' which is simply a nautical term for being on duty.

#### [2] Engineering Staff

Engineering staff generally do not carry out lookout duties and are therefore required to meet somewhat less stringent eyesight standards. However, they will need to be capable of correctly recognising colour coding on cables, pipes and display screens.

#### [3] Catering Staff

Catering and other passenger service staff are not required to meet specific acuity or colour vision standards, although they require adequate vision to undertake their duties efficiently and a basic level of unaided vision is recommended.

### ***Testing method***

Snellen chart or lantern screen should be hung on the wall at a height of five to six feet (1.52 m to 1.83 m) from the ground. The candidates should be placed at a distance of exactly sixteen feet (4.88 m) or twenty feet (6 m) from the chart or screen and exactly opposite them. This distance should be carefully measured, and should never in any circumstances be varied.

With reference to Colour Vision Test, it should be conducted in a room so darkened as to exclude all daylight. The lantern or colour screen will be placed directly in front of the mirror so that the front part of the lantern is exactly ten feet (3.05 m) from the mirror, and is such a position that the light reflected in the mirror show clearly when viewed by the candidate on the left of the lantern. The lantern or monitor screen is capable of displaying to two small lights (5mm in diameter each and 70mm distant between them) in one time and of producing three different colours: white; red; and green.

### ***Determining result***

The candidate should be naming the colours of each set of two lights from left to right. If number of tests reaches NINE times with all correct answers, it is deemed to have PASSED the examination. If the answer is wrong a one time, then allow to reattempt FIVE more times including the same pattern of lights the candidate made mistake once. If he responses correctly, it may be assumed as "PASS" the test. Even if the second attempt is failed, third attempt may be allowed for SEVEN times again. In this stage, the final attempt with no single mistake should be allowed, if so the candidate may "PASS" the test. Otherwise lantern test will be considered to have "FAILED".

### ***Discrepancies and doubtful results***

Since good vision is central to lookout duties and hence to ship safety, it is essential that vision testing is carried out to a high standard, which ensures consistent results. Discrepancies between repeat tests that result in restriction and consequential loss of work, for instance where previously undetected colour defects are found, can have a disastrous effect on a seafarer's career. It is therefore essential that conditions such as lighting balance and level are suitable for testing and that any delegation of the testing is to someone, it is recommended to refer to DMA examiner, who is fully trained in procedures and aware of the need to be alert for any deception on the part of the person being examined. Test results brought by the seafarer should not be used as a substitute for testing at the examination. Borderline results should always be rechecked and all results fully recorded.

### ***Visual correction***

Medical doctors should advise persons required to use spectacles or contact lenses to perform duties that they should have a spare pair or pairs, as required, conveniently available on board the ship.

### ***Additional guidance***

If laser refractive surgery has been undertaken, recovery should be complete and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, should

have been checked by a specialist in ophthalmology.

All seafarers should achieve the minimum eyesight standard of 0.1\* unaided in each eye (STCW Code, section B-I/9). This standard may also be relevant to other seafarers to ensure visual capability under emergency conditions when visual correction may be lost or damaged.

Seafarers not covered by the STCW Convention's eyesight standards should have vision sufficient to perform their routine and emergency duties safely and effectively.

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\* Value given in Snellen decimal notation.

**STCW Code Table A-I/9: Minimum in-service eyesight standards for seafarers**

STCW Convention regulation	Category of seafarer	Distance vision Aided <sup>1</sup>		Near/ immediate Vision	Colour Vision <sup>3</sup>	Visual fields <sup>4</sup>	Night blindness <sup>4</sup>	Diplopia (double vision) <sup>4</sup>
		One eye	Other Eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5 <sup>2</sup>	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual Fields	Vision required to perform all Necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine room watch	0.4 <sup>5</sup>	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS Radio Operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems / components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident Notes:

**Notes:**

<sup>1</sup> Values given in Snellen decimal notation.

<sup>2</sup> A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

<sup>3</sup> As defined in the International Recommendations for Colour Vision Requirements for Transport by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

<sup>4</sup> Subject to assessment by a clinical vision specialist where indicated by initial examination findings

<sup>5</sup> Engine department personnel shall have a combined eyesight vision of at least 0.4.

<sup>6</sup> CIE colour vision standard 1 or 2.

<sup>7</sup> CIE colour vision standard 1, 2 or 3.



## Appendix B

### Hearing standards

Hearing capacity for seafarers apart from those identified below should be an average of at least 30 dB (unaided) in the better ear and an average of 40 dB (unaided) in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz (approximately equivalent to speech-hearing distances of 3 metres and 2 metres, respectively).

It is recommended that hearing examinations should be made by a pure tone audiometer. Supplementary assessment methods using validated and standardized tests that measure impairment to speech recognition are also acceptable. Speech and whisper testing may be useful for rapid practical assessments. It is recommended that those undertaking deck/bridge duties are able to hear whispered speech at a distance of 3 metres.

Hearing aids are only acceptable in serving seafarers where it has been confirmed that the individual will be capable of safely and effectively performing the specific routine and emergency duties required of them on the vessel that they serve on throughout the period of their medical certificate. (This may well require access to a back-up hearing aid and sufficient batteries and other consumables.) Arrangements need to be in place to ensure that they will be reliably aroused from sleep in the event of an emergency alarm.

If noise-induced hearing loss is being assessed as part of a health surveillance programme, different criteria and test methods will be required.

### *Test environment*

There are many ways to control the test environment. The optimal test environment is quiet and free of distractions. There should be no activity outside the test room that the listener can see or hear. A person with normal hearing may be able to follow a conversation outside the test room even if the ambient noise levels meet the level specified by ANSI S3.1-1991. While audible speech would not mask the test tones, it would distract the listener, making a difficult test more difficult yet. There is no such thing as a “soundproof” test room; i.e., a room which no outside sound can penetrate. It is important that rooms are designed to attenuate nominal outside noise to the point where it won’t mask the test signals, and it is just as important to not have unnecessary noise generating activities in the area of the test room.

### *Single-person test room*

In most audiometric testing situations, the room will have a door, a window through which the listener may be observed, as well as lighting and ventilation systems. These rooms are often prefabricated and either are delivered assembled to a test site or are assembled at the test site. The standard “mini” booth usually arrives preassembled and has wheels so that it may be moved within a test site. The “mini” booth usually has a folding shelf attached under the observation window on which the audiometer and other items may be placed. The booth is referred to as “mini” because of its small interior: 0.72 m x 0.66 m x 1.50 m. It is fabricated from 5 cm- thick panels.

### ***Audiometer Calibration***

For audiograms to have any value at all, the audiometers must be in calibration. Thus, it is necessary to check the audiometer calibration no less than daily before use. In addition, records of calibrations must be maintained and dates of calibrations should become part of the permanent audiometric record.

At a minimum, calibration records should be kept with the audiometer as long as it is in service. Ambient test-booth noise levels should be recorded on the audiograms and maintained separately for as long as the booth is in service. These records are important in case of seafarers' compensation claims are raised as well as respective agencies are reviewing the hearing loss prevention program.

## Appendix C

### Physical capability requirements

#### *Introduction*

The physical capability requirements for work at sea vary widely and have to take account of both routine and emergency duties. The functions that may require assessment include:

- strength;
- stamina;
- flexibility;
- balance and coordination;
- size – compatible with entry into confined areas;
- exercise capacity – heart and respiratory reserve; and
- fitness for specific tasks – wearing breathing apparatus.

#### *Medical conditions and physical capability*

Limitations may arise from a range of conditions, such as:

- high or low body mass/obesity;
- severely reduced muscle mass;
- musculoskeletal disease, pain or limitations to movement;
- a condition following an injury or surgery;
- lung disease;
- heart and blood vessel disease; and
- some neurological diseases.

#### *Physical capability assessment*

Physical capability testing should be undertaken when there is an indication for it, for instance because of the presence of one of the above conditions or because of other concerns about a seafarer's physical capabilities. The aspects that are tested will depend on the reasons for doing it. Table B-I/9 gives recommendations for physical capability abilities to be assessed for those seafarers covered by the STCW Convention, 1978, as amended, based on the tasks undertaken at sea.

The following approaches may be used to assess whether the requirements in table B-I/9 are met:

- Observed ability to do routine and emergency duties in a safe and effective way.
- Tasks that simulate normal and emergency duties.
- Assessment of cardio-respiratory reserve, including spirometry and ergometric tests.

This will predict maximum exercise capacity and hence the seafarer's ability to perform physically demanding work. A large reserve will also indicate that heart and lung performance is less likely to be compromised in the next few years. The benchmark test is maximum oxygen uptake (VO<sub>2</sub> max). This requires dedicated equipment. Step tests such as

the Chester or the Harvard, are simpler alternatives, which may be used for screening. If step tests are abnormal, they should be further validated (e.g. VO2 max or treadmill stress tests).

- Informal testing of reserve, for instance climbing three to six flights of stairs and assessing any distress, plus the speed of pulse rate decline on stopping. This is not readily reproducible but can be used for repeat assessment at the same location by the same medical doctor.
- Clinical assessment of strength, mobility, coordination, etc.
- Additional information may come from activities recently or regularly undertaken, as described by the seafarer, such as:
  - physically demanding duties on the vessel, e.g. carrying weights or handling mooring equipment;
  - attendance at a physically demanding course within the last two years, e.g. fire-fighting, helicopter escape or STCW basic training; and
  - a confirmed personal pattern of regular strenuous exercise.

### ***Interpretation of results***

1. Is there any evidence that the seafarer is not able to perform their routine and emergency duties effectively?
2. Are there any observed limitations to strength, flexibility, stamina or coordination?
3. What is the outcome of any test for cardio-respiratory reserve?
  - .1 Test performance limited by shortness of breath, musculoskeletal or other pain, or exhaustion. Causes need to be investigated and taken into account in determining fitness.
  - .2 Unable to complete test.
  - .3 Completed but stressed or with poor recovery after stopping.
  - .4 Completed to good or average standard.
4. Discuss subjective feelings during the test with the subject and also go over experiences of fitness and capability when doing normal tasks and emergency drills. Obtain corroboration from others if performance at work uncertain.

### ***Decision-making***

Information from a range of sources may be required and many of these are not easily accessed in the course of a medical examination:

1. Is there any indication that physical capability may be limited (e.g. stiffness, obesity or history of heart disease)?
  - .1 No – do not test.
  - .2 Yes – consider what tests or observations will enable the seafarer's capability to perform their routine and emergency duties to be determined. Go to (2).
2. Do the test results indicate that capabilities may be limited?

- .1 No – provided there are no underlying conditions that affect conduct of assessment. Able to perform all duties worldwide within designated department.
- .2 Yes – but duties can be modified to enable safe working, without putting excess responsibilities on others. Able to perform some but not all duties (R).
- .3 Yes – but cause of limitation can be remedied. Incompatible with reliable performance of essential duties safely or effectively (T).
- .4 Yes – but cause of limitation cannot be remedied. Incompatible with reliable performance of essential duties safely or effectively (P).



### STCW Code Table B-I/9: Assessment of minimum entry level and in-service physical abilities for seafarers<sup>3</sup>

Shipboard task, function, event or condition <sup>3</sup>	Related physical ability	A medical examiner should be satisfied that the candidate <sup>4</sup>
<p>Routine movement around vessel:</p> <ul style="list-style-type: none"> <li>- on moving deck</li> <li>- between levels</li> <li>- between compartments</li> </ul> <p><i>Note 1 applies to this row</i></p>	<p>Maintain balance and move with agility</p> <p>Climb up and down vertical ladders and stairways</p> <p>Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high)</p> <p>Open and close watertight doors</p>	<p>Has no disturbance in sense of balance</p> <p>Does not have any impairment or disease that prevents relevant movements and physical Activities</p> <p>Is, without assistance<sup>5</sup>, able to:</p> <ul style="list-style-type: none"> <li>- climb vertical ladders and stairways</li> <li>- step over high sills</li> <li>- manipulate door closing systems</li> </ul>
<p>Routine tasks on board:</p> <ul style="list-style-type: none"> <li>- Use of hand tools</li> <li>- Movement of ship's stores</li> <li>- Overhead work</li> <li>- Valve operation</li> <li>- Standing a four-hour watch</li> <li>- Working in confined spaces</li> <li>- Responding to alarms,</li> <li>- Warnings and instructions</li> <li>- Verbal communication</li> </ul> <p><i>Note 1 applies to this row</i></p>	<p>Strength, dexterity and stamina to manipulate mechanical devices</p> <p>Lift, pull and carry a load (e.g., 18 kg)</p> <p>Reach upwards</p> <p>Stand, walk and remain alert for an extended period</p> <p>Work in constricted spaces and move through restricted openings (e.g., SOLAS regulation II-1/3 - 6.5.1 requires openings in cargo spaces and emergency escapes to have the minimum dimensions of (600mm x 600 mm)</p> <p>Visually distinguish objects, shapes and signals</p> <p>Hear warnings and instructions</p> <p>Give a clear spoken description</p>	<p>Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel</p> <p>Has ability to:</p> <ul style="list-style-type: none"> <li>- work with arms raised</li> <li>- stand and walk for an extended period</li> <li>- enter confined space</li> <li>- fulfil eyesight standards (table A-I/9)</li> <li>- fulfil hearing standards set by competent authority or take account of international guidelines</li> <li>- hold normal conversation</li> </ul>
<p>Emergency duties<sup>6</sup> on board:</p> <ul style="list-style-type: none"> <li>- Escape</li> <li>- Fire fighting</li> <li>- Evacuation</li> </ul> <p><i>Note 2 applies to this row</i></p>	<p>Don a lifejacket or immersion suit</p> <p>Escape from smoke-filled spaces</p> <p>Take part in fire-fighting duties, including use of breathing apparatus</p> <p>Take part in vessel evacuation procedures</p>	<p>Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel</p> <p>Has ability to:</p> <ul style="list-style-type: none"> <li>- don lifejacket or immersion suit</li> <li>- crawl</li> <li>- feel for differences in temperature</li> <li>- handle fire-fighting equipment</li> <li>- wear breathing apparatus (where required as part of duties)</li> </ul>

#### Notes:

<sup>1</sup> Rows 1 and 2 of the above table describe (a) ordinary shipboard tasks, functions, events and conditions, (b) the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship, and (c) high-level criteria for use by medical doctors assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

<sup>2</sup> Row 3 of the above table describes (a) ordinary shipboard tasks, functions, events and conditions, (b) the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship, and (c) high-level criteria for use by medical doctors assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

<sup>3</sup> This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Parties should specify physical abilities applicable to the category of seafarers (such as "Deck officer" and "Engine rating"). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.

<sup>4</sup> If in doubt, the medical doctor should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.

<sup>5</sup> The term "assistance" means the use of another person to accomplish the task.

<sup>6</sup> The term "emergency duties" is used to cover all standard emergency response situations such as abandon ship or fire fighting as well as the procedures to be followed by each seafarer to secure personal survival.

## Different Tasks of Seafarers

Table 1 Master/Mate/Pilot

Table 2 Chief Engineer/Engineer/ Electrician/Fitter

Table 3 Chief Integrated Rating/Integrated Ratings

Table 4 Chief Cook/Cook/Steward

Table 5 Catering Attendant and Steward

**Table 1: Master/Mate/Pilot**

<b>1. Vision</b>	<ul style="list-style-type: none"> <li>▪ to read instructions and manuals</li> <li>▪ to read charts and weather maps</li> <li>▪ to distinguish red/white/green navigation lights</li> <li>▪ to distinguish coloured light alarms</li> <li>▪ to observe aspect of other vessels</li> <li>▪ to observe radar, GPS and read other monitors (digital, analogue and graphic)</li> <li>▪ to read computer screens</li> <li>▪ to identify navigation lights from beacons, buoys, lighthouse towers, other vessels</li> <li>▪ to keep watch for obstacles to navigation</li> <li>▪ to standing watch – night vision and depth perception</li> </ul>
<b>2. Hearing/speech</b>	<ul style="list-style-type: none"> <li>▪ to give/receive instructions</li> <li>▪ to use 2-way radios and telephones</li> <li>▪ to distinguish different auditory alarms</li> </ul>
<b>3. Consciousness</b>	<ul style="list-style-type: none"> <li>▪ to alert to changes in machinery vibration e.g. engines</li> <li>▪ to alert to movements of other vessels</li> <li>▪ to alert to position of ship's ancillary craft</li> <li>▪ to interpret complex information from digital, analogue and graphic computerized monitoring equipment e.g. radar, GPS, computerized charts, compass</li> <li>▪ to respond to alarms</li> <li>▪ to alert to changes in weather</li> <li>▪ for high level decision-making in emergencies</li> <li>▪ to be responsible for safety of ship's crew and safety of vessel</li> <li>▪ to alert to movements and position of crew</li> </ul>
<b>4. Physical</b>	<ul style="list-style-type: none"> <li>▪ to climb narrow, steep stairs</li> <li>▪ to climb 3 metres rope ladders at sea</li> <li>▪ to climb mast*</li> <li>▪ to climb steel rungs/ladders</li> <li>▪ to lift hatch covers*</li> <li>▪ to be fine motor skills to plot courses on charts, use keyboards on computer, rotate knobs, pull levers, push buttons</li> <li>▪ to assist with lifting, manual labour e.g. lifting cylinders, 25 litre drums etc*</li> <li>▪ cleaning/maintenance of the bridge (wheelhouse)*</li> <li>▪ to place tags for safety checks*</li> <li>▪ to clean own cabin, shower i.e. bending, reaching, scrubbing, and wiping (varies from ship to ship)*</li> </ul> <p><b>Additional for supply vessels</b></p> <ul style="list-style-type: none"> <li>▪ to handle cargo on the back deck of a supply vessel*</li> <li>▪ to handle wires, chains and ropes during anchor handling*</li> <li>▪ to hook and unhook tows*</li> </ul>
<b>5. Other</b>	<ul style="list-style-type: none"> <li>▪ to work shift by shift (4 or 12 hour watches)</li> <li>▪ for occasional long hours of work (18+)</li> <li>▪ to write reports (log)</li> <li>▪ to plan ship repairs*</li> <li>▪ to plan work schedules*</li> <li>▪ staying away at sea for up to 6 months at a time*</li> <li>▪ fit through escape hatches*</li> <li>▪ to work at high temperature, humidity and/or in extreme cold &amp; in storms/cyclones etc</li> <li>▪ to wear PPE—boots, overalls, hard hat, hearing protection and occasionally respirators</li> <li>▪ to order deck stores*</li> <li>▪ to use computers to write reports, keep chart catalogues*</li> <li>▪ to check radio equipment, liferafts*</li> <li>▪ to inspect oil, other cargo, ballast and water tanks and other confined spaces*</li> <li>▪ to work with heavy seas on deck</li> <li>▪ to work in conditions involving heavy rolling and pitching of vessel</li> </ul>

*\*Chief Mate tasks*

**Table 2: Chief Engineer/Engineer/Electrician**

<b>1. Vision</b>	<ul style="list-style-type: none"> <li>▪ to read gauges, dials</li> <li>▪ to read instruction manuals, drawings</li> <li>▪ near vision for callipers and other instruments</li> <li>▪ near vision for identifying and using nuts, bolts, screws, pins etc</li> <li>▪ ability to distinguish basic colours to recognise coloured alarms and coloured wires</li> </ul>
<b>2. Hearing/speech</b>	<ul style="list-style-type: none"> <li>▪ to communicate by 2-way radio</li> <li>▪ to hear alarms and pager</li> <li>▪ to give/receive instructions</li> </ul>
<b>3. Consciousness</b>	<ul style="list-style-type: none"> <li>▪ to alert to alarms (visual and auditory)</li> <li>▪ to respond to emergencies</li> <li>▪ to alert to position of ship's ancillary craft</li> <li>▪ to interpret complex information from monitors and gauges on instrument control panels in engine room</li> </ul>
<b>4. Physical</b>	<ul style="list-style-type: none"> <li>▪ for lifting and carrying condenser coils, pipes, motors, pumps up to 35 kg – but can be carried by two persons</li> <li>▪ for lifting and carrying 25 kg containers of chemicals</li> <li>▪ to use lathes, circular saws, hand tools, grinders &amp; pedestal drill</li> <li>▪ welding/oxy-cutting</li> <li>▪ fine manual dexterity in placing nuts, bolts, screws</li> <li>▪ turning valves, levers</li> <li>▪ pushing button controls</li> <li>▪ climbing steep stairways, steel rung ladders, rungs on masts and onto ship's crane</li> <li>▪ standing and walking most of the shift</li> <li>▪ working in awkward postures</li> <li>▪ working in confined spaces</li> <li>▪ working overhead</li> <li>▪ to clean own cabin, shower i.e. bending, reaching, scrubbing &amp; wiping (varies from ship to ship) Additional for supply vessels</li> <li>▪ to handle cargo on the back deck of a supply vessel</li> <li>▪ to handle wires, chains and ropes during anchor handling</li> <li>▪ to hook and unhook tows</li> </ul>
<b>5. Other</b>	<ul style="list-style-type: none"> <li>▪ to work shift by shift (4 hour watches)</li> <li>▪ to write reports (log)</li> <li>▪ to plan ship repairs</li> <li>▪ to plan work schedules</li> <li>▪ away at sea for up to 6 months at a time</li> <li>▪ fit through escape hatches</li> <li>▪ to work at high temperature, humidity and/or in extreme cold &amp; in storms/cyclones etc</li> <li>▪ to wear PPE—boots, overalls, hard hat, hearing protection and occasionally respirators</li> <li>▪ to order engine room stores</li> <li>▪ exposure to heat and fumes</li> <li>▪ to use computers to write reports, keep chart catalogues</li> <li>▪ safe handling of chemicals</li> <li>▪ to check radio equipment, liferafts</li> <li>▪ to inspect water tanks</li> <li>▪ to work in conditions involving heavy rolling and pitching of vessel</li> </ul>



**Table 3 Chief Integrated Rating/Integrated Ratings**

<b>1. Vision</b>	<ul style="list-style-type: none"> <li>▪ to read instructions, procedures</li> <li>▪ to read gauges, dials</li> <li>▪ to read labels on chemicals</li> <li>▪ distance vision when operating small craft, crane, hoist</li> <li>▪ to see navigation lights of other vessels, beacons, lighthouses etc</li> <li>▪ to distinguish red/green coloured lights</li> <li>▪ to distinguish coloured light alarms</li> <li>▪ to stand watch – night vision and depth perception</li> <li>▪ near vision for identifying shackles, markings on slings, bolts, nuts, screws etc</li> </ul>
<b>2. Hearing/speech</b>	<ul style="list-style-type: none"> <li>▪ to give/receive instructions</li> <li>▪ to hear whistles for crane/hoist movements</li> <li>▪ to use 2-way radio</li> <li>▪ to listen to machinery e.g. crane, LARC</li> <li>▪ to hear warning signals/alarms</li> <li>▪ to use hands free headsets to communicate by radio in rough seas</li> </ul>
<b>3. Consciousness</b>	<ul style="list-style-type: none"> <li>▪ to alert to movements of other persons, operating machinery, ship's small craft and helicopter</li> <li>▪ to monitor equipment including radar, digital and analogue to read outs on gauges, GPS, compass, and generally assist officer on watch</li> </ul>
<b>4. Physical</b>	<ul style="list-style-type: none"> <li>▪ manual dexterity to tie knots, splice rope, repair/use canvas tarpaulins, place slings, use pliers, spanners &amp; other hand tools</li> <li>▪ pulling knobs, levers, pushing buttons to operate crane, machinery, incinerator</li> <li>▪ reaching and working overhead</li> <li>▪ shovel ash from incinerator and lift bags of rubbish into incinerator</li> <li>▪ to lift stores</li> <li>▪ lifting from deck to overhead to load ship's small craft</li> <li>▪ climbing ship's rope ladders (3m) in rough seas, and steel rung ladders on towers (up to 30m) whilst carrying ropes, light tool bag</li> <li>▪ lifting weights up to 50 kg (two person lift)</li> <li>▪ lifting cables, boxes, batteries, winches, hoists up to 40 kg</li> <li>▪ to use powered tools, saws, drills, rattle guns, chisels, sledgehammers</li> <li>▪ mooring/unmooring vessels</li> <li>▪ to use air/electric chain hoists – pulling on ropes, chain, and pressing buttons on handheld control box</li> <li>▪ carpentry/shipwright duties</li> <li>▪ standing for long periods (3 hours)</li> <li>▪ to clean own cabin, shower i.e. bending, reaching, scrubbing, and wiping</li> <li><b>Additional for supply vessels</b> <ul style="list-style-type: none"> <li>▪ to handle cargo on the back deck of vessel</li> <li>▪ to handle wires, chains and ropes during anchor handling</li> <li>▪ to hook and unhook tows</li> </ul> </li> </ul>
<b>5. Other</b>	<ul style="list-style-type: none"> <li>▪ to work at heights</li> <li>▪ to work in high temperature, humidity and/or in extreme cold, and in storms, cyclones etc</li> <li>▪ long work hours (up to 10-12 hours per day)</li> <li>▪ away at sea for up to 6 months at a time</li> <li>▪ fit through escape hatches</li> <li>▪ shift work when on 4-hourly watch</li> <li>▪ ship's fire and safety rounds – inspect all areas regularly</li> <li>▪ to plan work schedules</li> <li>▪ to wear personal protective equipment e.g. safety boots, earplugs or earmuffs, hard hat, gloves, overalls, safety spectacles and occasionally respirators</li> <li>▪ exposure to paints, thinners, oils, antifouling, degreasers</li> <li>▪ to use fire-fighting hoses, extinguishers</li> <li>▪ to work in oil, other cargo, ballast and water tanks and other confined spaces</li> <li>▪ to work in conditions involving heavy rolling and pitching of vessel</li> </ul>



**Table 4: Chief Cook/Cook/Steward**

<b>1. Vision</b>	<ul style="list-style-type: none"><li>▪ near vision for reading labels, menus, recipes, computer, instructions, orders for stores, invoices, telexes, faxes</li><li>▪ near vision for cutting, slicing, cooking</li></ul>
<b>2. Hearing/speech</b>	<ul style="list-style-type: none"><li>▪ to give/receive instructions</li><li>▪ to use telephones to contact providers, clients</li><li>▪ to communicate with ship's crew</li><li>▪ to hear alarms</li></ul>
<b>3. Consciousness</b>	<ul style="list-style-type: none"><li>▪ to alert to movements of persons in kitchen because of hot food in saucepans and trays</li><li>▪ to alert to position of deep fryers, cooking pots, pans especially in rough weather</li><li>▪ to alert to hazards on ship e.g. fire etc</li></ul>
<b>4. Physical</b>	<ul style="list-style-type: none"><li>▪ lifting, carrying, unpacking stores from gangway or forehead store space</li><li>▪ to unpack and place stores on shelves in fridges and freezers from floor height to shoulder height</li><li>▪ to unpack cartons each trip e.g. soft drinks, cans, foodstuffs, and cleaning gear</li><li>▪ cleaning pots and utensils</li><li>▪ wiping benches, stove tops</li><li>▪ cleaning kitchen and laundries – mopping, scrubbing</li><li>▪ to scrub mats out of fridge</li><li>▪ to polish passageways</li><li>▪ standing for long periods (3 hours)</li><li>▪ fine manual dexterity to use kitchen utensils, knives and to turn knobs, flick switches on ovens,</li><li>▪ hot plates and appliances</li><li>▪ to clean own cabin, shower i.e. bending, reaching, scrubbing, and wiping</li><li>▪ cleaning grease traps and tanks</li><li>▪ cleaning ovens and deep freezers</li><li>▪ to climb narrow stairways</li></ul>
<b>5. Other</b>	<ul style="list-style-type: none"><li>▪ to order all food provisions</li><li>▪ to plan menus</li><li>▪ cooking all meals for all persons on board</li><li>▪ to work split shifts with early starts plus additional hours for administration and other paperwork</li><li>▪ away at sea for up to 6 months at a time although calling in at various ports during the voyage</li><li>▪ fit through escape hatches</li><li>▪ to use a computer</li><li>▪ to wear safety footwear</li><li>▪ to work in conditions involving heavy rolling and pitching of vessel</li></ul>

**Table 5: Catering Attendant and Steward**

<b>1. Vision</b>	<ul style="list-style-type: none"> <li>▪ near vision for: <ul style="list-style-type: none"> <li>– reading labels</li> <li>– reading instructions</li> <li>– cleaning floors, surfaces etc</li> </ul> </li> <li>▪ to distinguish coloured light alarms/indicator lights on galley range</li> </ul>
<b>2. Hearing/speech</b>	<ul style="list-style-type: none"> <li>▪ to give/receive instructions</li> <li>▪ to hear alarms</li> <li>▪ to communicate with ship's crew and passengers</li> </ul>
<b>3. Consciousness</b>	<ul style="list-style-type: none"> <li>▪ to alert to movements of other persons in kitchen, pantry because of hot saucepans, food trays etc</li> </ul>
<b>4. Physical</b>	<ul style="list-style-type: none"> <li>▪ general interior cleaning of ship e.g. portholes</li> <li>▪ daily vacuum of mess room</li> <li>▪ polishing mess room twice weekly and other floors weekly (3 levels in all)</li> <li>▪ lifting, carrying, unpacking stores</li> <li>▪ carrying hot trays and stocking pantry</li> <li>▪ lifting floor polishing machines (24kg) up stairs (2 persons)</li> <li>▪ mopping, sweeping and/or vacuuming</li> <li>▪ wiping and scrubbing benches, deckheads, bulkheads</li> <li>▪ working overhead, above shoulder height to clean/wipe surfaces</li> <li>▪ washing dishes/pans in sink at waist height</li> <li>▪ load/empty dishwasher – bending required</li> <li>▪ washing/drying crew's bed linen and towels on crew change day</li> <li>▪ occasional cleaning of cabins when passengers are on board</li> <li>▪ keeping washroom toilets clean on all levels</li> <li>▪ clean own cabin, shower i.e. bending, reaching, scrubbing, and wiping</li> <li>▪ vacuum all carpet areas</li> </ul>
<b>5. Other</b>	<ul style="list-style-type: none"> <li>▪ to assist Cook in food preparation as required</li> <li>▪ to work split shifts with early morning starts</li> <li>▪ away at sea for up to 6 months at a time although calling in to various ports during the voyage</li> <li>▪ to fit through escape hatches</li> <li>▪ to wear safety footwear</li> <li>▪ to work in conditions involving heavy rolling and pitching of vessel</li> <li>▪ to take an active role in all vessel safety and emergency drills</li> <li>▪ to take an active role in crisis management in emergencies</li> </ul>

## Appendix D

### Fitness criteria for medication use

#### *Introduction*

Medication can play an important part in enabling seafarers to continue to work at sea. Some have side effects that can affect safe and effective performance of duties and some have other complications that will increase the likelihood of illness at sea.

This appendix is only concerned with continuing prescribed medication use that is identified at the medical examination. Ship operators need policies in place to reduce the impairing effects from short-term use of prescribed medication or the use of over-the-counter preparations.

The use of oral medication at sea may be prevented by nausea and vomiting, and illness may arise if an oral medication is used to suppress the harmful effects of a condition (e.g. epilepsy) or if it is used to replace essential body chemicals (e.g. hormones).

The examining medical doctor will need to assess the known adverse effects of each medication used and the individual's reaction to it.

The use of specific medication for some conditions listed in [appendix E](#) is noted with the condition.

If medication is clinically essential for the effective control of a condition, e.g. insulin, anticoagulants and medication for mental health conditions, it is dangerous to stop it in an attempt to be fit for work at sea.

The medical doctor should be alert to the need for the seafarer to have written documentation for the use of their medications. This should be in a form that can be shown to any official who may question the presence of the medication on board. This is particularly important for those medications that are legally prescribed controlled drugs or those drugs which may be abused.

#### *Medications that can impair routine and emergency duties*

1. Medication affecting the central nervous system functions (e.g. sleeping tablets, antipsychotics, some analgesics, some anti-anxiety and anti-depression treatments and some antihistamines).
2. Agents that increase the likelihood of sudden incapacitation (e.g. insulin, some of the older anti-hypertensives and medications predisposing to seizures).
3. Medication impairing vision (e.g. hyoscine and atropine).

### ***Medications that can have serious adverse consequences for the user while at sea***

1. Bleeding from injury or spontaneously (e.g. warfarin); individual assessment of likelihood needed. Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that is incompatible with work at sea but, if coagulation values are stable and closely monitored, work that is near to onshore medical facilities and that does not carry an increased likelihood of injury may be considered.
2. Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics).
3. Antibiotics and other anti-infection agents.
4. Anti-metabolites and cancer treatments.
5. Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

### ***Medications that require limitation of period at sea because of surveillance requirements***

A wide range of agents, such as anti-diabetics, anti-hypertensives and endocrine replacements.

#### ***Issue of medical certificates***

**Incompatible with the reliable performance of routine and emergency duties safely or effectively:**

- on the recommendation of the examining medical doctor, based on reliable information about severe impairing side effects;
- oral medication where there are life-threatening consequences if doses are missed because of sickness;
- evidence indicating the likelihood of cognitive impairment when taken as prescribed;
- established evidence of severe adverse effects likely to be dangerous at sea, e.g. anticoagulants.

**Able to perform some but not all duties or to work in some but not all waters:**

**(R):** medication can cause adverse effects but these only develop slowly, hence work in coastal waters will allow access to medical care.

**(L):** surveillance of medication effectiveness or side effects needed more frequently than full duration of medical certificate (see guidelines on individual conditions in [appendix E](#)).

**Able to perform all duties worldwide within designated department:**

No impairing side effects; no requirements for regular surveillance of treatment.



## Appendix E

### Fitness criteria for common medical conditions

#### *Introduction*

The medical doctor should bear in mind that it is not possible to develop a comprehensive list of fitness criteria covering all possible conditions and the variations in their presentation and prognosis. The principles underlying the approach adopted in the table below may often be extrapolated to conditions not covered by it. Decisions on fitness when a medical condition is present depend on careful clinical assessment and analysis and the following points need to be considered whenever a decision on fitness is taken:

- The recommendations in this appendix are intended to allow some flexibility of interpretation while being compatible with consistent decision-making that aims to maintain safety at sea.
- The medical conditions listed are common examples of those that may render seafarers unfit. The list can also be used to determine appropriate limitations to fitness. The criteria given can only provide guidance for physicians and should not replace sound medical judgement.
- The implications for working and living at sea vary widely, depending on the natural history of each condition and the scope for treatment. Knowledge about the condition and an assessment of its features in the individual being examined should be used to reach a decision on fitness.

The table in this appendix is laid out as follows:

- Column 1: WHO International Classification of Diseases, 10th revision (ICD-10). Codes are listed as an aid to analysis and, in particular, international compilation of data.
- Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.
- Column 3: The guideline recommending when work at sea is unlikely to be indicated, either temporarily or permanently. This column should be consulted first when the table is being used to aid decisions about fitness.
- Column 4: The guideline recommending when work at sea may be appropriate but when restriction of duties or monitoring at intervals of less than two years is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3.
- Column 5: The guideline recommending when work at sea within a seafarer's designated department is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3 or 4.

For some conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term "Not applicable".





ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
B16-19	<b>Hepatitis B, C, etc.</b> <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer</i>	<b>T</b> - Until jaundice resolved and liver function tests returned to normal <b>P</b> - Persistent liver impairment with symptoms affecting safe work at sea or with likelihood of complications	<b>R, L</b> - Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and voyage patterns	On full recovery and confirmation of low level of infectivity
B20-24	<b>HIV+</b> <i>Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS</i>	<b>T</b> - Until stabilized on treatment with CD4 level of > 350 or when treatment changed and tolerance of new medication uncertain <b>P</b> - Non-reversible impairing HIV- associated diseases. Continuing impairing effects of medication	<b>R, L</b> - Time limited and/or near coastal: HIV+ and low likelihood of progression; on no treatment or on stable medication without side effects, but requiring regular specialist surveillance	HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance
A00-B99 Not listed separately	<b>Other infections</b> <i>Personal impairment, infection of others</i>	<b>T</b> - If detected while onshore: until free from risk of transmission and capable of performing duties <b>P</b> - If continuing likelihood of repeated impairing or infectious recurrences	Case-by-case decision based on nature of infection	Full recovery and confirmation of low level of infectivity



ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>D50-89 Not listed separately</b>	Other diseases of the blood and blood-forming organs Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance <b>to infections</b>	<b>T -While under investigation P - Chronic coagulation disorders</b>	Case-by-case assessment for other conditions	Case-by-case assessment
<b>E00-90</b>	<b>Endocrine and metabolic</b>			
E10	<b>Diabetes - Insulin using</b> <i>Acute impairment from hypoglycaemia. Complications from loss of blood glucose control Increased likelihood of visual, neurological and cardiac problems</i>	<b>T</b> - From start of treatment until stabilized <b>P</b> - If poorly controlled or not compliant with treatment. History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes	<b>R, L</b> - Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness Fit for near coastal duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance	Not applicable
E11-14	<b>Diabetes - Non-insulin treated,</b> on other medication <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems</i>	<b>T</b> - Distant waters and watchkeeping until stabilized	<b>R</b> - Near coastal waters and non- watchkeeping duties until stabilized <b>R</b> - Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonylureas <b>L</b> - Time limited if compliance poor or medication needs frequent review. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications



ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>F00-99</b>	<b>Mental, cognitive and behavioural disorders</b>			
<b>F10</b>	<b>Alcohol abuse</b> (dependency) <i>Recurrence, accidents, erratic behaviour/safety performance</i>	<b>T</b> - Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse <b>P</b> - If persistent or there is co- morbidly likely to progress or recur while at sea	<b>R, L</b> - Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity
<b>F11-19</b>	Drug dependence/persistent substance abuse, includes both illicit drug use and dependence on prescribed medications Recurrence, accidents, erratic behaviour/safety performance	<b>T</b> - Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse <b>P</b> - If persistent or there is co- morbidly likely to progress or recur while at sea	<b>R, L</b> - Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: - treating physician reports successful participation in rehabilitation programme; and - evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and - continuing participation in drug screening programme	After three years from end of last episode without relapse and without co-morbidity



ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F20-31	<b>Psychosis</b> (acute) - whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders) <i>Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour</i>	<i>Following single episode with provoking factors:</i>  <b>T</b> - Until investigated and stabilized and conditions for fitness met. At least three months after episode  <i>Following single episode without provoking factors or more than one episode with or without provoking factors:</i>  <b>T</b> - Until investigated and stabilized and conditions for fitness met. At least two years since last episode  <b>P</b> - More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met	<b>R, L</b> - Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: -seafarer has insight; -is compliant with treatment; and -has no adverse effects from medication  <b>R, L</b> - Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring providing that: -the seafarer has insight; -is compliant with treatment; and -has no impairing adverse effects from medication	Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided  Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F32-38	<b>Mood/affective disorders</b> Severe anxiety state, depression, or any other mental disorder likely to impair performance <i>Recurrence, reduced performance, especially in emergencies</i>	<b>T</b> -While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication <b>P</b> - Persistent or recurrent impairing symptoms	<b>R, L</b> - Restrict to near coastal waters and not to work as master in charge of ship, only when seafarers has: -good functional recovery; -insight; -is fully compliant with treatment, with no impairing side effects; and -a low* likelihood of recurrence	Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects
	<b>Mood/affective disorders</b> Minor or reactive symptoms of anxiety/depression <i>Recurrence, reduced performance, especially in emergencies</i>	<b>T</b> - Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects <b>P</b> - Persistent or recurrent impairing symptoms	<b>R, L</b> - Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects
F00-99 Not listed separately	<b>Other disorders</b> , e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism) <i>Impairment of performance and reliability and impact on relationships</i>	<b>P</b> - If considered to have safety- critical consequences	<b>R</b> - As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service
G00-99	Diseases of the nervous system			
G40-1	<b>Single seizure</b> <i>Harm to ship, others and self from seizures</i>	Single seizure <b>T</b> -While under investigation and for one year after seizure	<b>R</b> - One year after seizure and on stable medication. Non- watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	<b>Epilepsy - No provoking factors</b> (multiple seizures) <i>Harm to ship, others and self from Seizures</i>	<b>T</b> -While under investigation and for two years after last seizure <b>P</b> - Recurrent seizures, not controlled by medication	R - Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to non-watchkeeping duties in near-coastal waters	Seizure-free for at least the last ten years, has not taken anti- epilepsy drugs during that ten- year period and does not have a continuing likelihood of seizures
	<b>Epilepsy - provoked by alcohol, medication, head injury</b> (multiple seizures) <i>Harm to ship, others and self from Seizures</i>	<b>T</b> -While under investigation and for two years after last seizure <b>P</b> - Recurrent fits, not controlled by medication	R - Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last five years, has not taken anti- epilepsy drugs during that five- year period, provided there is not continuing exposure to the provoking agent
G43	<b>Migraine</b> (frequent attacks causing incapacity) <i>Likelihood of disabling recurrences</i>	<b>P</b> - Frequent attacks leading to incapacity	R - As appropriate. If only capable of limited duties	No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service
G47	<b>Sleep apnoea</b> <i>Fatigue and episodes of sleep while working</i>	<b>T</b> - Until treatment started and successful for three months <b>P</b> - Treatment unsuccessful or not being complied with	<b>L</b> - Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	<b>Narcolepsy</b> <i>Fatigue and episodes of sleep while working</i>	<b>T</b> - Until controlled by treatment for at least two years <b>P</b> - Treatment unsuccessful or not being complied with	<b>R, L</b> - Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years Annual review	Not applicable
G00-99 Not listed separately	<b>Other organic nervous disease,</b> e.g. multiple sclerosis, Parkinson's disease <i>Recurrence/progression. Limitations on muscular power, balance, coordination and mobility</i>	<b>T</b> - Until diagnosed and stable <b>P</b> - If limitations affect safe working or unable to meet physical capability requirements (Appendix C)	<b>R, L</b> - Case-by-case assessment based on job and emergency requirements, informed by specialist advice	Case-by-case assessment based on job and emergency requirements, informed by specialist advice





ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
T90	<b>Intracranial surgery/injury</b> , including treatment of vascular anomalies or serious head injury with brain damage <i>Harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition</i>	<b>T</b> - For one year or longer until seizure likelihood low,* based on advice from specialist <b>P</b> - Continuing impairment from underlying condition or injury or recurrent seizures	<b>R</b> - After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist	No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist
H00-99	Diseases of the eyes and ears			
H00-59	<b>Eye disorders:</b> Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment) <i>Future inability to meet vision standards, risk of recurrence</i>	<b>T</b> - Temporary inability to meet relevant vision standards (appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered <b>P</b> - Inability to meet relevant vision standards (appendix A) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	<b>R</b> - Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention <b>L</b> - If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where vision standards (appendix A) are not met during period of certificate is very unlikely

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
H65-67	<b>Otitis - External or media</b> <i>Recurrence, risk as infection source in food handlers, problems using hearing protection</i>	<b>T</b> - Until treated <b>P</b> - If chronic discharge from ear in food handler	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa	Effective treatment and no excess likelihood of recurrence
H68-95	<b>Ear disorders:</b> Progressive (e.g. otosclerosis)	<b>T</b> - Temporary inability to meet relevant hearing standards (appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered <b>P</b> - Inability to meet relevant hearing standards (appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence	<b>L</b> - If risk of progression foreseeable but unlikely and it can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where hearing standards (appendix B) are not met during period of certificate is very unlikely
H81	<b>Meniere's disease</b> and other forms of chronic or recurrent disabling vertigo <i>Inability to balance, causing loss of mobility and nausea</i> See STCW table in appendix C	<b>T</b> - During acute phase <b>P</b> - Frequent attacks leading to incapacity	<b>R</b> - As appropriate. If only capable of limited duties <b>R, L</b> - If frequent specialist surveillance required	Low* likelihood of impairing effects while at sea

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>100-99</b>	<b>Cardiovascular system</b>			
105-08 134-39	<b>Congenital and valve disease of heart</b> (including surgery for these conditions) Heart murmurs not previously investigated <i>Likelihood of progression, limitations on exercise</i>	<b>T</b> - Until investigated and, if required, treated <b>P</b> - If exercise tolerance limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event	<b>R</b> - Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression <b>L</b> - If frequent surveillance is recommended	<i>Heart murmurs</i> - Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination <i>Other conditions</i> – Case-by-case assessment based on specialist advice
110-15	<b>Hypertension</b> <i>Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode</i>	<b>T</b> - Normally if > 160 systolic or > 100 diastolic mm Hg until investigated and treated in accordance with national or international guidelines for hypertension management <b>P</b> - If persistently > 160 systolic or > 100 diastolic mm Hg with or without treatment	<b>L</b> - If additional surveillance needed to ensure level remains within national guideline limits	If treated in accordance with national guidelines and free from impairing effects from condition or medication



ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
144-49	<b>Cardiac arrhythmias</b> and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)) <i>Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields</i>	<b>T</b> - Until investigated, treated and adequacy of treatment confirmed <b>P</b> - If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	<b>L</b> - Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report <b>R</b> - Restrictions on solo duties or for distant waters if low* likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report
161-69 G46	<b>Ischaemic cerebrovascular disease</b> (stroke or transient ischaemic attack) <i>Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability</i>	<b>T</b> - Until treated and any residual impairment stabilized and for three months after event <b>P</b> - If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	<b>R, L</b> - Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met (appendix C). Annual assessment	Not applicable





ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>J00-99</b>	<b>Respiratory system</b>			
J02-04 J30-39	<b>Nose, throat and sinus conditions</b> <i>Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions</i>	<b>T</b> - Until resolved <b>P</b> - If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factors predisposing to recurrence
J40-44	<b>Chronic bronchitis and/or emphysema</b> <i>Reduced exercise tolerance and impairing symptoms</i>	<b>T</b> - If acute episode <b>P</b> - If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	<b>R, L</b> - Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C) Annual review	Not applicable
J45-46	<b>Asthma</b> (detailed assessment with information from specialist in all new entrants) <i>Unpredictable episodes of severe breathlessness</i>	<b>T</b> - Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place In person under age 20 with hospital admission or oral steroid use in last three years <b>P</b> - If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions	<b>R, L</b> - Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild** or exercise-induced** asthma and no requirements for continuing regular treatment

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J93	<b>Pneumothorax</b> (spontaneous or traumatic) <i>Acute impairment from recurrence</i>	<b>T</b> - Normally for 12 months after initial episode or shorter duration as advised by specialist <b>P</b> - After recurrent episodes unless pleurectomy or pleurodesis performed	R - Duties in harbour areas only once recovered	Normally 12 months after initial episode or shorter duration as advised by specialist Post-surgery - based on advice of treating specialist
<b>K00-99</b>	<b>Digestive system</b>			
K01-06	<b>Oral health</b> <i>Acute pain from toothache. Recurrent mouth and gum infections</i>	<b>T</b> - If visual evidence of untreated dental defects or oral disease <b>P</b> - If excess likelihood of dental emergency remains after treatment completed or seafarer non- compliant with dental recommendations	R - Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety- critical manning issues for vessel	If teeth and gums (gums alone of edentulous and with well- fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since
K25-28	<b>Peptic ulcer</b> <i>Recurrence with pain, bleeding or perforation</i>	<b>T</b> - Until healing or cure by surgery or by control of helicobacter and on normal diet for three months <b>P</b> - If ulcer persists despite surgery and medication	R - Consider case-by-case assessment for earlier return to near coastal duties	When cured and on normal diet for three months
K40-41	<b>Hernias - Inguinal and femoral</b> <i>Likelihood of strangulation</i>	<b>T</b> - Until surgically investigated to confirm no likelihood of strangulation and, if required, treated	R - Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
KA2-A3	<b>Hernias - Umbilical, ventral</b> <i>Instability of abdominal wall on bending and lifting</i>	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort
K44	<b>Hernias - Diaphragmatic (hiatus)</b> <i>Reflux of stomach contents and acid causing heartburn, etc.</i>	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58,90	<b>Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc.</b> <i>Impairment and pain</i>	<b>T</b> - Until investigated and treated <b>P</b> - If severe or recurrent	<b>R</b> - Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence
K60 184	<b>Anal conditions: Piles (haemorrhoids), fissures, fistulae</b> <i>Likelihood of episode causing pain and limiting activity</i>	<b>T</b> - If piles prolapsed, bleeding repeatedly or causing symptoms; if fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence <b>P</b> - Consider if not treatable or recurrent	Case-by-case assessment of untreated cases for near coastal duties	When satisfactorily treated
K70, 72	<b>Cirrhosis of liver</b> <i>Liver failure. Bleeding oesophageal varices</i>	<b>T</b> - Until fully investigated <b>P</b> - If severe or complicated by ascites or oesophageal varices	<b>R, L</b> - Case-by-case specialist assessment	Not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K80-83	<b>Biliary tract disease</b> <i>Biliary colic from gallstones, jaundice, liver failure</i>	<b>T</b> - Biliary colic until definitely treated <b>P</b> - Advanced liver disease, recurrent or persistent impairing symptoms	<b>R, L</b> - Case-by-case specialist assessment. Does not meet requirements for unlimited certificate. Sudden onset of biliary colic unlikely	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years
K85-86	<b>Pancreatitis</b> <i>Likelihood of recurrence</i>	<b>T</b> - Until resolved <b>P</b> - If recurrent or alcohol related, unless confirmed abstention	Case-by-case assessment based on specialist reports	Case-by-case assessment based on specialist reports, very low likelihood of recurrence
Y83	<b>Stoma (ileostomy, colostomy)</b> <i>Impairment if control is lost - need for bags, etc. Potential problems during prolonged emergency</i>	<b>T</b> - Until stabilized <b>P</b> - Poorly controlled	<b>R</b> - Case-by-case assessment	Case-by-case specialist assessment
<b>N00-99</b>	<b>Genito-urinary conditions</b>			
NOO, N17	<b>Acute nephritis</b> <i>Renal failure, hypertension</i>	<b>P</b> - Until resolved	Case-by-case assessment if any residual effects	Full recovery with normal kidney function and no residual damage
N03-05, N18-19	<b>Sub-acute or chronic nephritis or nephrosis</b> <i>Renal failure, hypertension</i>	<b>T</b> - Until investigated	<b>R, L</b> - Case-by-case assessment by specialist, based on renal function and likelihood of complications	Case-by-case assessment by specialist, based on renal function and likelihood of complications
N20-23	<b>Renal or ureteric calculus</b> <i>Pain from renal colic</i>	<b>T</b> - Until investigated and treated <b>P</b> - Recurrent stone formation	<b>R</b> - Consider if concern about ability to work in tropics or under high temperature conditions. Case-by-case assessment for near coastal duties	Case-by-case assessment by specialist with normal urine and renal function without recurrence



ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N33, N40	<b>Prostatic enlargement/urinary obstruction</b> <i>Acute retention of urine</i>	<b>T</b> - Until investigated and treated <b>P</b> - If not remediable	R - Case-by-case assessment for near coastal duties	Successfully treated; low* likelihood of recurrence
N70-98	<b>Gynaecological conditions</b> - Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other <i>Impairment from pain or bleeding</i>	<b>T</b> - If impairing or investigation needed to determine cause and remedy it	R - Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity	Fully resolved with low* likelihood of recurrence
R31, 80, 81,82	<b>Proteinuria, haematuria, glycosuria</b> or other urinary abnormality <i>Indicator of kidney or other Diseases</i>	<b>T</b> - If initial findings clinically significant <b>P</b> - Serious and non-remediable underlying cause- e.g. impairment of kidney function	<b>L</b> - When repeat surveillance required <b>R, L</b> - When uncertainty about cause but no immediate problem	Very low likelihood of serious underlying condition
Z90.5	<b>Removal of kidney or one non- functioning kidney</b> <i>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional</i>	<b>P</b> - Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer	R - No tropical or other heat exposure. Serving seafarer with minor dysfunction in remaining kidney	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>000-99</b>	<b>Pregnancy</b>			
000-99	<b>Pregnancy</b> <i>Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea</i>	<b>T</b> - Late stage of pregnancy and early postnatal period Abnormality of pregnancy requiring high level of surveillance	<b>R, L</b> - Case-by-case assessment if minor impairing effects. May consider working until later in pregnancy on near coastal vessel	Uncomplicated pregnancy with no impairing effects - normally until 24th week Decisions to be in accord with national practice and legislation. Pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed
<b>L00-99</b>	<b>Skin</b>			
L00-08	<b>Skin infections</b> <i>Recurrence, transmission to others</i>	<b>T</b> - Until satisfactorily treated <b>P</b> - Consider for catering staff with recurrent problems	<b>R, L</b> - Based on nature and severity of infection	Cured with low likelihood of recurrence
L10-99	<b>Other skin diseases</b> , e.g. eczema, dermatitis, psoriasis <i>Recurrence, sometimes occupational cause</i>	<b>T</b> - Until investigated and satisfactorily treated	Case-by-case decision <b>R</b> - As appropriate if aggravated by heat, or substances at work	Stable, not impairing
<b>M00-99</b>	<b>Musculoskeletal</b>			
M10-23	<b>Osteoarthritis</b> , other joint diseases and subsequent joint replacement <i>Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints</i>	<b>T</b> - Full recovery of function and specialist advice required before return to sea after hip or knee replacement <b>P</b> - For advanced and severe Cases	<b>R</b> - Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from ship. Should meet general fitness requirements (appendix D)	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
M24.4	<b>Recurrent instability of shoulder or knee joints</b> <i>Sudden limitation of mobility, with pain</i>	<b>T</b> - Until satisfactorily treated	R - Case-by-case assessment of occasional instability	Treated; very low* likelihood of recurrence
M54.5	<b>Back pain</b> <i>Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment</i>	<b>T</b> - In acute stage <b>P</b> - If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment
Y83.4 Z97.1	<b>Limb prosthesis</b> <i>Mobility limitation affecting normal or emergency duties</i>	<b>P</b> - If essential duties cannot be performed	R - If routine and emergency duties can be performed but there are limitations on specific non-essential activities	If general fitness requirements are fully met (appendix C). Arrangements for fitting prosthesis in emergency must be confirmed
	<b>General</b>			
R47, F80	<b>Speech disorders</b> <i>Limitations to communication ability</i>	<b>P</b> - Incompatible with reliable performance of routine and emergency duties safely or effectively	R - If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	No impairment to essential speech communication
T78 Z88	<b>Allergies</b> (other than allergic dermatitis and asthma) <i>Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties</i>	<b>T</b> - Until fully investigated by specialist <b>P</b> - If life-threatening response reasonably foreseeable	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care R-Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence	Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self- medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
Z94	<b>Transplants</b> - Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections) <i>Possibility of rejection. Side effects of medication</i>	<b>T</b> - Until effects of surgery and anti-rejection medication stable <b>P</b> - Case-by-case assessment, with specialist advice	<b>R, L</b> - Case-by-case assessment, with specialist advice	Not applicable
Classify by condition	<b>Progressive conditions</b> , which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	<b>T</b> - Until investigated and treated if indicated <b>P</b> - Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely
Classify by condition	<b>Conditions not specifically listed</b>	<b>T</b> - Until investigation and treated if indicated <b>P</b> - If permanently impairing	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee	Use analogy with related conditions as a guide. Consider excess likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee

### **Notes:**

*\* Recurrence rates: Where the terms very low, low and moderate are used for the excess likelihood of a recurrence. These are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of recurrence is available. Where this is available, e.g. for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of a recurrence.*

*Quantitative recurrence levels approximate to:*

- *Very low: recurrence rate less than 2 per cent per year;*
- *Low: recurrence rate 2-5 per cent per year;*
- *Moderate: recurrence rate 5-20 per cent per year.*

*\*\* Asthma severity definitions:*

#### **Childhood asthma:**

- *Mild: Onset age > ten, few or no hospitalizations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.*
- *Moderate: Few hospitalizations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.*
- *Severe: Frequent episodes requiring treatment to be made more intensive, regular hospitalization, frequent oral or IV steroid use, lost schooling, abnormal lung function.*

#### **Adult asthma:**

*Asthma may persist from childhood or start over the age of 16. There is a wide range of intrinsic and external causes for asthma developing in adult life.*

*In late-entry recruits with a history of adult onset asthma, the role of specific allergens, including those causing occupational asthma, should be investigated. Less specific inducers such as cold, exercise and respiratory infection also need to be considered. All can affect fitness for work at sea.*

- *Mild intermittent asthma: Infrequent episodes of mild wheezing occurring less than once every two weeks, readily and rapidly relieved by beta agonist inhaler.*
- *Mild asthma: Frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Taking regular inhaled steroids (or steroid/long-acting beta agonists) may effectively eliminate symptoms and the need for use of beta agonist treatment.*
- *Exercise-induced asthma: Episodes of wheezing and breathlessness provoked by exertion, especially in the cold. Episodes may be effectively treated by inhaled steroids (or steroid/long-acting beta agonist) or other oral medication.*
- *Moderate asthma: Frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment, or the addition of other medication, occasional requirement for oral steroids.*
- *Severe asthma: Frequent episodes of wheezing and breathlessness, frequent hospitalization, frequent use of oral steroid treatment.*



## **Part II – Procedures for medical certifications, approval of medical doctor and appeals**

### **9 Application for a Medical Certificate**

1. The requirements of the Medical Fitness Certificates apply to seafarers employed or engaged in any capacity on board every seagoing merchant ship, whether publicly or privately owned, which is registered in the territory of any Member State and is ordinarily engaged in commercial maritime operations.
2. Applications may be made directly by seafarers to one of the approved medical doctors.
3. Seafarers, who are having difficulty in obtaining an appointment or if in doubt as there is a lack of availability in a specific area, should notify the DMA on the contact details provided in [paragraph 16](#).
4. Seafarers applying for a medical certificate should present to the recognized medical doctor appropriate identity documentation to establish their identity. They should also surrender their previous medical certificate.

### **10 Validity of Medical Fitness Certificates**

The medical fitness certificate must specify the period of validity from the date of the medical examination. Under the Regulations, for all seafarers over 18 years of age the maximum validity period is 2 years, and 1 year for seafarer who is under 18 years or 60 years and above. If the seafarer's health demands it, an approved medical doctor may issue a certificate valid for a period of less than 2 years.

A seafarer, whose certificate expires while he is in a location where it is impracticable to undertake a medical examination in accordance with the Regulations, may continue to be employed for a period of no more than 3 months from the date of expiry of the certificate.

### **11 In case of incapacitation**

1. If a seafarer holding a valid medical fitness certificate suffers a condition, has been incapacitated as a consequence of an accident or injury or illness covered by the medical standards, or has been discharged or evacuated from a ship for health reasons, the seafarer should not use his/her medical certificate until an approved medical doctor has re-examined and is satisfied that the seafarer meets the standards for the category of certificate held.

2. Furthermore, the seafarer is responsible to disclose to the approved medical doctor if he has experienced a failure in the previous medical examination.

## **12 Approval of Medical Doctors and Optometric Examiner**

### **12.1 Qualification and experience**

1. The Director General may approve a registered medical doctor as an approved medical doctor for the purposes to issue certificates of seafarer's medical examination if the Director General is satisfied that the doctor:
  - .1 has hold a SAMA license issued by the authority under the Ministry of Health;
  - .2 has experience in general and occupational medicine or maritime occupational medicine at least 7 years in service;
  - .3 has knowledge of the living and working conditions on board ships and the job demands on seafarers in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through special instruction and through knowledge based on personal experience of seafaring;
  - .4 has facilities for the conduct of examinations that are conveniently situated for access by seafarers and enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness;
  - .5 understands their ethical position as examining medical doctors acting on behalf of the DMA, ensuring that any conflicts with this are recognized and resolved;
  - .6 has been competent to determine whether a seafarer meets the required medical standard and is fit for the duties;
  - .7 should refer any medical problems found, when appropriate, for further investigation and treatment, whether or not a seafarer is issued with a medical certificate; and
  - .8 should enjoy professional independence from shipowners, seafarers, and their representatives in exercising their medical judgement in terms of the medical examination procedures. Those employed by, or contracted to, a maritime employer or crewing agency should have terms of engagement which ensure that an assessment is based on statutory standards.
2. Subject to such conditions as the Director General considers necessary, he may approve a registered optometrist as a designated optometric examiner for the purposes of this Part if the Director General is satisfied that the optometrist has the knowledge and equipment necessary to conduct the tests required by this Part.
3. An approval made under this Part is valid for a period of five years from the date of issue.

## **12.2 Appointment of approved medical doctors**

In general, although the numbers of approved medical doctors are not fixed, appointments are kept under review and are restricted to areas where a requisition has been demonstrated.

In the interest of fair and open competition, and for administrative and quality assurance reasons, doctors are only approved to carry out medical examinations at the address to which they are appointed. The appointment is not transferable to any other location or practice without the approval of the DMA. The appointment is also not transferable to any other doctors in an approved medical doctor's practice either on a temporary or long-term basis without approval from the DMA.

Whenever it is necessary to appoint for certain provisional vacancy, any suitable applicant who has approached the DMA will be kept on a roster, and notified when a vacancy in their area has been advertised. All applicants are considered by the DMA in relation to their training, qualifications, experience, facilities and availability and the successful applicant is appointed for one year at a time.

The DMA has appointed no one as an approved medical doctor abroad yet Director General may approve doctors overseas in countries to provide such service for Myanmar seafarers upon necessity.

Any suitably qualified medical doctor who would like to apply for a vacancy should contact the Director General of the Department of Marine Administration.

## **12.3 List of approved medical doctors and optometrists**

- .1 A register of recognized medical doctors will be posted publicly as well as regularly updated if there are any changes.
- .2 Approved optometric examiners are normally designated by Director General.

## **13 Responsibilities of an Approved Medical Doctor**

1. Approved medical doctors are required to keep full clinical notes of any detailed medical examination and records must be retained for 5 years. Approved medical doctors will also be required to send statistical returns to the Director General, Department of Marine Administration on examinations carried out, and, for record purposes, details of seafarers who have been issued with restrictions or failures. These returns shall be submitted on an annual basis, preferably on electronic database/register.
2. Approved medical doctors are required to determine a seafarer's fitness by reference to the statutory medical and eyesight standards set out in Annex II of this Guidance.
3. As a general principle the approved medical doctor should be satisfied in each case that neither disease nor defect is present which could either be aggravated by working at

sea, or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.

4. The premises where medical fitness examinations are carried out must have the facilities and equipment required to carry out medical fitness examination of seafarers.
5. Medical

## **14 Power to an Approved Medical Doctor**

1. If an approved medical doctor has reasonable grounds to believe that:
    - .1 there has been a significant change in the medical fitness of a seafarer while holding a valid certificate,
    - .2 the seafarer did not have the full details of the condition as at the time of examination and could not be considered as to be met with the required standards,or  
the medical fitness certificate was not issued in accordance with the regulations,  
then the approved medical doctor may:
    - .1 suspend the certificate until the seafarer has undergone a further medical examination; or
    - .2 suspend the certificate for such period as the seafarer will remain unfit to go to sea;or  
  - .3 withdraw the certificate upon the condition in which the seafarer is permanently unfit to go to sea.
2. In any of the above cases the approved medical doctor is obliged to notify the seafarer accordingly.
3. In the event of a decision to suspend or withdraw the medical certificate, the approved medical doctor should exercise his/her right under the regulations to require the surrender of the medical certificate. If the certificate is not returned, the approved medical doctor should inform the Director General of the Department of Marine Administration who will take the appropriate action.

## **15 Appeals Procedure**

### **15.1 Medical referee**

The MLC, 2006 (Standard A1.2, paragraph 5) provides that seafarers that have been refused a medical certificate or have had a limitation imposed on their ability to work must be given the opportunity to have a further examination by another independent medical doctor or by an independent medical referee. The STCW Code, in section A-I/9, paragraph 6, requires parties to the Convention to establish processes and procedures to



enable seafarers who do not meet fitness standards or who have had a limitation imposed on them to have their case reviewed in line with that party's provisions for appeal.

The appeals procedure may include the following elements:

- .1 *Medical Referees* are appointed to carry out seafarer medical reviews/appeals and provides information on the appointment of DMA approved medical examiners.
- .2 the medical doctor or referee undertaking the review should have at least the same qualifications as the medical doctor who conducted the initial examination
- .3 the medical doctor or referee undertaking the review process should be provided access to other medical experts;
- .4 the appeals procedure should not result in unnecessary delays for the seafarer or shipowner;
- .5 the same principles of confidentiality called for in the handling of medical records should apply to the appeals procedure;
- .6 quality assurance and review procedures should be in place to confirm the consistency and appropriateness of decisions taken at appeal.
- .7 Any seafarer (including new entrants) found permanently unfit (**Category P or T**), or fit only with restriction (**Category R**), or whose certificate is cancelled or suspended for more than 3 months by an approved medical doctor, has a right of review (appeal) by an independent medical referee appointed by the Department of Marine Administration.
- .8 Before exercising the right of appeal, the seafarer may wish to seek independent medical advice from his General Practitioner (GP), or perhaps from his trade union or employer. A seafarer who desires to appeal should complete the application form which forms part of the *Notice of Unfit/Limitation or Restriction*\* which will be issued by the approved medical doctor, and forward it to the Director General of the Department of Marine Administration.
- .9 The application must be made within one month of the date on which the seafarer is given notice by the approved medical doctor of refusal, restriction or suspension of a certificate. The DMA will then arrange for the appeal to be considered by a medical referee.
- .10 The *Notice of Unfit/Limitation or Restriction* includes an authority to the approved medical doctor to release his or her report to the medical referee. If the applicant wishes to submit additional medical evidence in support of his application he should arrange for this to be sent to the medical referee before the appointment date.
- .11 Medical referees are empowered, while working to the same medical and eyesight standards:

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\* Notice of Unfit/Limitation or Restriction in preformatted form which may be issued by DMA upon request.



- to ensure that the diagnosis has been established beyond reasonable doubt, in accordance with the medical evidence on which the approved medical doctor reached his decision and normally, with the assistance of a report from a Consultant in the appropriate specialty;
- to determine whether the medical and eyesight standards, especially those with a discretionary element, have been properly interpreted; and
- to consider the possibility of a seafarer, previously declared permanently unfit, returning to sea in some capacity.

.12 In cases not covered by the medical and eyesight standards or in “permanently unfit” cases where exceptional medical considerations apply, the medical referee should decide an appropriate fitness category after consultation with the approved medical doctor involved and consideration of all the evidence presented to him.

.13 The medical referee must reach a decision within 2 months of the date on which the appeal was lodged with the DMA, or longer where necessary, subject to agreement with the DMA.

## 16 DMA Contact Details

Head Office	SSE Division
No 363/421, Corner of Merchant and Theinbyu Road, Botataung Township, Yangon, Myanmar. Tel: +095 -1- 397640 Fax: +095 -1- 397641 Postal Code: 11161 E-mail: <a href="mailto:dma@motc.gov.mm">dma@motc.gov.mm</a>	Department of Marine Administration, Dawbon dockyard Street, Dawbon Township, Yangon, Myanmar. Tel: +095 -1- 556097; 553087 Fax: + 095 -1- 556093 Postal Code: 11241 E-mail: <a href="mailto:sse@dma.gov.mm">sse@dma.gov.mm</a> <a href="mailto:dmamcreport@gmail.com">dmamcreport@gmail.com</a>

## PART III – Terms and Conditions for Control Measures

### 17 Maintenance of Medical Records and Reports

#### 17.1 Medical records and periodical returns by Approved Medical Doctor

Approved medical doctors are required to keep every copy of medical certificate which has been issued together with full clinical notes of any detailed medical examination, and records (including the completed report forms) must be retained for at least 5 years.

On or after 1 November 2015, all approved medical centres are required to issue medical certificates for Myanmar seafarers via online certification system from the website: <http://sse.dmamyanmar.org>. This means that a seafarer will have to hold two documents: one is online medical certificate (A5 size) and another the medical examination records and report (the booklet) as customarily issued. This system serves automatically report to the DMA database.

#### 17.2 Maintenance of Medical Certificates on Board

The ship owner or ship manager or crew manager or master of the ship will collect medical certificates in respect of joining on board ship or prior thereto. Master will maintain the medical certificates (A5 size) of all crew members and make available on board in order for inspection by authorities. Medical examination records (booklet) should only be kept by seafarer individually and those should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept confidential and shall only be used to facilitate the treatment of the seafarer.

### 18 Right to Privacy

All persons involved in the conduct of medical examinations, including those who come into contact with medical examination forms, laboratory results and other medical information, should ensure the right to privacy of the examinee. Medical examination reports should be marked as confidential and so treated, and all medical data collected from a seafarer should be protected. Medical records should only be used for determining the fitness of the seafarer for work and for enhancing health care; they should not be disclosed to others without prior written informed consent from the seafarer. Personal medical information should not be included on medical certificates or other documents made available to others following the medical examination. The seafarer should have the right of access to and receipt of a copy of his/her personal medical data.

## 19 Rights and Obligations

Approved medical doctors, ship owners, and managers, seafarer and person head of approved training institutes and seafarer's representatives shall have the following *Rights and Obligations*:

- .1 medical doctors, ship owner, ship manager, seafarer and seafarers representatives have the right to complain to DMA against the violation of these provisions specified herein;
- .2 medical doctors shall not issue medical certificate without conducting medical examination as per these provisions;
- .3 medical doctors shall not make any alteration to the medical examination certificate format without the approval of DMA;
- .4 medical doctors shall not authorize any sub-ordinate medical doctor or any medical staff or other person to conduct medical examination and issue medical examination certificate signed by the such employee without the approval of DMA;
- .5 medical doctors shall not conduct medical examination at places other than declared to the DMA. In such event, prior approval of the DMA shall be taken;
- .6 appropriate contracts should have been established between medical doctors and respective laboratories for the purpose of legal responsibilities in such a special circumstance of refers;
- .7 medical doctors, ship owner, ship manager, seafarer and seafarers representatives shall comply with these provisions;
- .8 the ship owner, manager and ship master shall ensure that before engaging any seafarer and person for sea voyage the following are complied with:
  - (a) to verify the identification or antecedent;
  - (b) these provisions and related orders and Notices as amended from time to time;
  - (c) the ship is provided with valid safe manning document if applicable; and
  - (d) the ship complements holds valid Medical fitness certificate in prescribed format.
- .9 the approved medical doctor, ship owner, ship manager, seafarer and person shall report any case of violation in respect of conduct of examination, issuance of improper medical certificate and related matters to the DMA at the earliest.

## 20 Procedure for Investigations into complaints

The DMA upon receipt of any complaint in writing from any ship owner, ship manager, ship agent, approved maritime training institute seafarer and their representative concerning

the medical examination procedures and the authorized medical doctors shall investigate into such matter. The DMA shall authorize to the Investigation Board to conduct investigation in to such complaints. In doing so, he may request a member of the concerned academic council to accompany the investigating team. A report of investigation shall be submitted to the DMA including any recommendation at the earliest but not later than *15 working days* from the date of completion of the investigation. Approved medical examiners who have been found as a result of an appeal or complaints procedure to be incompetent, unethical or guilty of professional misconduct shall have their authorization to conduct medical examination for the purpose of issuing medical examination certificates to any seafarer and person either suspended or withdrawn by the DMA. For the purpose of any inquiry or appeal, the DMA shall give the medical doctor an opportunity of making a defence either in person or otherwise.

## **21 Quality Assurance**

### **21.1 Quality Standard System**

- .1 Quality standard system shall have been established in the clinic, where medical doctor conducts examination for fitness and issues medical certificate for seafarers;
- .2 Quality standard system shall include the organizational structure, responsibilities, procedures, processes and resources necessary for quality management;
- .3 Internal quality assurance reviews shall be established to ensure achievement of the defined objectives regard to the policies;
- .4 Evaluations and systematic monitoring arrangements during the inspections as required by paragraph 21.2 will be conducted by DMA to ensure quality standard system.

### **21.2 Periodic and Unscheduled Inspection**

For the purpose of enforcement of these provisions effectively, the DMA will carry out the inspection of the premises of approved medical doctors or diagnostic laboratory to verify the compliance with these provisions. The DMA may authorize Expert Team to conduct inspection. In doing so, representative of ship owner / ship manager and seafarer association may accompany if deemed necessary. Report of inspection shall be given to the medical doctor for their corrective action(s) along with any other recommendation(s) by the authorized official of the DMA. A copy of this report with all supporting documents shall be submitted by the Expert Team to the DMA including any recommendation(s) at the earliest but not later than *15 working days* from the date of completion of the inspection.

## **22 Penalties & Fee for Professional Services and Appeal**

Whoever contravenes any of the provisions of these terms and conditions shall be charged with a reasonable fine and the fee for professional services rendered by approved medical



doctors associated diagnostic laboratory or Government laboratory shall be reasonable and conforming to the prevailing fee structure prescribed Medical Examiner as per the applicable laws of the country.

- .1 Upon the findings from investigation, in the cases of act of negligence by any medical doctor either from the consequences of laboratory results or his/her onus such medical doctor will be liable to be a penalty as per the applicable laws of the country.
- .2 From the consequences of any intentional act or misfeasance medical doctors will be liable to be to be prosecuted as per the applicable laws of the country.
- .3 A fee shall be charged from the seafarer and any person making an application to the DMA along with the application for appeal.

## PART IV – Instructions and Formats

### 23 Instructions for Medical Examiner

1. Medical Examiner shall establish identity of candidate beyond doubt before concluding the assessment and issuing medical certificate.
2. Medical Examiner shall re-affirm medical history paying special attention to relevant positive medical history after examining previous medical records if any.
3. Before reaching final conclusion, due consideration must be made on medical history, job profile and clinical examination.
4. In case of candidates with active medical conditions, consider the following before issuing medical certificates:
  - a. Efficacy / potential side effects of any current medication;
  - b. Risk of relapse or acute exacerbations requiring medical attention in case of missing medication for any reason.
5. Upon satisfactory verification and examination the Medical Examiner shall issue a fit medical certificate with limitations if any.
6. If the examinee is found to be unfit, it must be mentioned in the report as to whether he is temporary unfit or permanently unfit along with necessary recommendations.
7. Medical certificates shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.
8. If the period of validity of a medical certificate expires in the course of a voyage, then the medical certificate shall continue in force until the next port of call where a medical doctor recognized by the Party is available, provided that the period shall not exceed three months.
9. The approved medical doctor shall maintain a full record of the medical examinations conducted with copies of medical fitness certificate issued in the prescribed formats as set out attached herein.

## 24 List of Forms

Form I Application Form for Medical Doctor and Optometric Examiner

Form II Letter of Approval to the Medical Doctor and Optometric Examiner

Form III Check List

Form IV Minimum standards Tests to be performed

Form V Medical Fitness Certificate Format

Form VI Quarterly Returns

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## 24.1 Form I(a) – Application Form for Medical Doctor



**THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR**  
**THE MINISTRY OF TRANSPORT**  
**THE DEPARTMENT OF MARINE ADMINISTRATION**

No-363/421, Corner of Merchant & Theinbyu Road,  
Botataung Township, Yangon, Myanmar

### Application for Approval and Extension

Photograph

To

Director General  
Department of Marine Administration  
Ministry of Transport

Date \_\_\_\_\_

**Subject:** *Approval / Extension of Medical Doctor*

Sir,

I, Dr. \_\_\_\_\_, would like to apply for the *approval / Extension of Medical doctor* to conduct seafarer medical examinations. Enclosures are duly filled in herewith attached.

You are kindly requested to issue a letter of approval / Extension to allow me as an approved medical doctor to conduct medical examinations for registered Myanmar seafarers.

Yours faithfully,

(Dr. \_\_\_\_\_)

Name: \_\_\_\_\_

Registration (SAMA) No. \_\_\_\_\_

Date of issue: \_\_\_\_\_

**Enclosures: (New Applicant)**

1. Copy of SAMA Certificate
2. Application Form (Annex A)
3. Copy of NRC ID
4. Two passport size photographs

**Enclosures: (Extension)**

1. Copy of SAMA Certificate.
2. Copy of previous letter of approval
3. Two passport size photographs

## 24.2 Form I(b) – Application Form for Optometric Examiner



**THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR**  
**THE MINISTRY OF TRANSPORT**  
**THE DEPARTMENT OF MARINE ADMINISTRATION**

No-363/421, Corner of Merchant & Theinbyu Road,  
Botataung Township, Yangon, Myanmar

### Application for Approval and Extension

Photograph

To

Director General  
Department of Marine Administration  
Ministry of Transport

Date \_\_\_\_\_

**Subject:** *Approval / Extension of Optometrist Examiner*

Sir,

I, Dr. \_\_\_\_\_, would like to apply for the *approval / Extension of Optometrist Examiner* to conduct seafarer eyesight examinations. Enclosures are duly filled in herewith attached.

You are kindly requested to issue a letter of approval / Extension to allow me as an approved *Optometrist Examiner* to conduct eyesight examinations for registered Myanmar seafarers.

Yours faithfully,

(Dr. \_\_\_\_\_)

Name: \_\_\_\_\_

Registration (SAMA) No. \_\_\_\_\_

Date of issue: \_\_\_\_\_

**Enclosures:**

1. Copy of SAMA Certificate
2. Application Form (Annex A)
3. Copy of NRC ID
4. Two passport size photographs

## 24.3 Form II(a) – Letter of Approval for Medical Doctor



MINISTRY OF TRANSPORT  
**DEPARTMENT OF MARINE ADMINISTRATION**

No-363/421, Corner of Merchant & Theinbyu Road,  
Botataung Township, Yangon, Myanmar

E-mail: dgdma.mm@gmail.com; dma.myan@gmail.com

Tel: 1-397640

P.O.Box: 194

Fax: 1-397641

Ref: Form No. xxxxx

**LETTER OF APPROVAL TO CONDUCT  
AS MEDICAL DOCTOR FOR MYANMAR SEAFARERS'  
MEDICAL EXAMINATIONS AND CERTIFICATIONS**



*This is to certify that the approval letter is issued to \_\_\_\_\_ who has hold a valid license as a medical doctor issued by the authority under the Ministry of Health, the Republic of the Union of Myanmar and has been duly recognized in accordance with the Section 21 of Myanmar Merchant Shipping Act, Notification 108/2012 as well as the criteria laid down in the Guidance for Seafarer Medical Examinations and Certifications, June 2013, so as to perform medical examinations and issue medical certifications to Myanmar seafarers, as specified hereunder: -*

Certificate No.	SAMA No.	Date of issue for approval	Date of expiry for approval	Medical Centre (as declared)
MDR XXX - XX	XXXXX	dd-mmm-yy	dd-mmm-yy	Name of Medical Centre

*In respective of administrative purposes and quality assurance reasons, the recognised medical doctors are only approved to carry out medical examinations at the address to which they are applied. This entitlement is neither transferable to any other location or practice, nor privileged to other doctors in an approved medical doctor's practice either on a temporary or long-term basis without approval from the Department of Marine Administration.*

**Director General**  
Department of Marine Administration

DMA-MDR/SSE-1/00/0315



## 24.4 Form II(b) – Letter of Approval for Optometric Examiner



MINISTRY OF TRANSPORT  
**DEPARTMENT OF MARINE ADMINISTRATION**

No-363/421, Corner of Merchant & Theinbyu Road,  
Botataung Township, Yangon, Myanmar

E-mail: dgdma.mm@gmail.com; dma.myan@gmail.com

Tel: 1-397640

P.O.Box: 194

Fax: 1-397641

Ref: Form No. xxxxx

**LETTER OF DESIGNATION AS  
OPTOMETRIC EXAMINER  
TO CONDUCT SEAFARERS' VISION TEST**



*This is to certify that the approval letter is issued to \_\_\_\_\_ designated as Optometric Examiner who has been duly recognized in accordance with the Section 21 of Myanmar Merchant Shipping Act, Notification 108/2012 as well as the criteria laid down in the Guidance for Seafarer Medical Examinations and Certifications, June 2014, so as to perform medical examinations and issue medical certifications to Myanmar seafarers, as specified hereunder: -*

Certificate No.	SAMA/ID No.	Date of issue for approval	Date of expiry for approval	Medical Centre (as declared)
MDR XXX - XX	XXXXXX	dd-mmm-yy	dd-mmm-yy	Name of Medical Centre

*In respective of administrative purposes and quality assurance reasons, the designated optometric examiners are only approved to carry out seafarers' vision test at the address to which they are applied. This entitlement is neither transferable to any other location or practice, nor privileged to other persons in an approved optometrist's practice either on a temporary or long-term basis without approval from the Department of Marine Administration.*

**Director General**  
Department of Marine Administration

DMA-MDR/SSE-2/00/0315

## 24.5 Form III

### CHECKLIST TO FOR APPROVAL AS MEDICAL DOCTOR

(To be duly filled in by the applicant)

PART A	
1. Name of the Medical doctor	
2. Date of birth (DD/MM/YYYY)	
3. Name & address of his clinic to which attached-	
PART B	
4. Educational qualification with certified copies as attachment	
6. Professional qualification with certified copies as attachment (at least M.B.B.S.)	
8. SAMA Number	
10. details of his experience including experience on ships or adequate knowledge on living and working condition on board merchant ships	
11. Details on qualified support staff having adequate experience in providing medical services to the patients	
12. Details in Junior doctors, managerial, Para-medical and clerical staff including consultants	
13. Details on the clinic and laboratory facilities – adequate area to accommodate medicals officer, staff, record room & waiting area	
14. Declaration by the applicant on understanding of International and national laws pertaining of medical examination of seafarers, namely:	
15. Knowledge of living and working conditions on board ship	
16. International Health Regulations, as amended.	
17. Guidance for Seafarer Medical Examinations and Certifications.	
18. International Medical Guide for ships.	
19. Requirements to carry Medicines, Stores & Appliances on board as per International Medical Guide for ships.	
20. Myanmar Port Health Rules, as amended.	
21. Medical Travel Guide.	
22. List of clients giving evidence of integrity & goodwill	

**Please use additional sheet if necessary.**

Name of the Applicant

Date:

Signature

\*(delete as applicable)

## 24.6 Form IV

### Minimum Standard Medical tests to be performed

A) Periodic Medical Examination-	B) Pre-sea Medical Examination-
<input checked="" type="checkbox"/> Urine R/E	<input checked="" type="checkbox"/> Urine R/E
<input checked="" type="checkbox"/> BI CBC	<input checked="" type="checkbox"/> BI CBC
<input checked="" type="checkbox"/> BI ESR	<input checked="" type="checkbox"/> BI ESR
<input checked="" type="checkbox"/> RBS / FBS	<input checked="" type="checkbox"/> RBS / FBS
<input checked="" type="checkbox"/> SGOT	<input checked="" type="checkbox"/> SGOT
<input checked="" type="checkbox"/> SGPT	<input checked="" type="checkbox"/> SGPT
<input checked="" type="checkbox"/> SGGT	<input checked="" type="checkbox"/> SGGT
<input checked="" type="checkbox"/> S Creatinine	<input checked="" type="checkbox"/> S Creatinine
<input checked="" type="checkbox"/> S Cholesterol	<input checked="" type="checkbox"/> S Cholesterol
<input checked="" type="checkbox"/> S Triglycerides	<input checked="" type="checkbox"/> S Triglycerides
<input checked="" type="checkbox"/> Blood group & Rh factor	<input checked="" type="checkbox"/> Blood group & Rh factor
<input checked="" type="checkbox"/> Test for Hepatitis B (Hb <sub>s</sub> Ag)	<input checked="" type="checkbox"/> Test for Hepatitis B (Hb <sub>s</sub> Ag)
<input checked="" type="checkbox"/> Test for Hepatitis C (HCV Ab)	<input checked="" type="checkbox"/> BI VDRL
<input checked="" type="checkbox"/> BI VDRL	<input checked="" type="checkbox"/> HIV I&II
<input checked="" type="checkbox"/> HIV I&II	<input checked="" type="checkbox"/> Audiometry
<input checked="" type="checkbox"/> Audiometry	<input checked="" type="checkbox"/> X-ray chest (PA)
<input checked="" type="checkbox"/> X-ray chest (PA)	<input checked="" type="checkbox"/> ECG
<input checked="" type="checkbox"/> ECG	<input checked="" type="checkbox"/> Drug & Alcohol Screening**
<input checked="" type="checkbox"/> Ultrasound (USG) of the Abdomen & Pelvis	<input checked="" type="checkbox"/> Physical Examination
<input checked="" type="checkbox"/> Drug & Alcohol Screening *	<input checked="" type="checkbox"/> Spirometry
<input checked="" type="checkbox"/> Physical Examination	<input checked="" type="checkbox"/> Ultrasound (USG) of the Abdomen & Pelvis
<input checked="" type="checkbox"/> Psychometric evaluation on case to case basis	<input checked="" type="checkbox"/> Psychometric evaluation or psychological evaluation
<input checked="" type="checkbox"/> Stress test (Optional)	<input checked="" type="checkbox"/> Stress test (optional)
<input checked="" type="checkbox"/> 2D echo Doppler study (for heart patient) (Optional)	<input checked="" type="checkbox"/> 2D echo Doppler study
* Drug & Alcohol Screening – Morphine, Barbiturates, Marijuana, Cocaine, Amphetamines, Alcohol (Optional)	** Drug & Alcohol Screening – Barbiturates, Amphetamines, Marijuana, Cannabinoids, Benzodiazepine, Alcohol (Optional)

### C) Vaccination under WHO or other country's regulations-

#### **Vaccination at the time of Pre-sea Training:**

(a) Yellow Fever -

At a WHO designated Yellow Fever Centre only. Booster once every 10 years.

(b) Hepatitis B –

Recommended a primary course of three doses.

Booster may be given once every 10 years. In cases of doubtful immunity, test for Anti HBS antibody titer shall be conducted to assess the suitability of administration of the vaccine.

(c) Typhoid-

Recommended inject able vaccination. Once every three years.

(d) Varicella Vaccination (Against Chicken Pox) –

Recommended primary course of two doses.

(e) Tetanus Toxoid –

Most of the pre-sea trainees would have received their tetanus pophylaxis during their childhood immunization. A tetanus toxoid injection shall be given at the time of entry to the pre-sea training programme. A booster injection every 5 years is recommended.

(f) Oral Polio Vaccine (OPV) –

One time, single booster dose of OPV, at the time of the entry to the pre-sea training course.

#### **Vaccination at the time of Periodic Medical Examination (for revalidation of CoC, etc.):**

The DMA approved medical doctor shall check the immunization record of the seafarer. In cases where the immunization has not been completed as given in the Form above, the same shall be completed by the DMA approved Medical Examiner before handling over the medical examination report.

## 24.8 Form V

### Minimum Standard Medical tests to be performed

A) Periodic Medical Examination	B) Pre-sea Medical Examination
1. Urine R/E	1. Urine R/E
2. BI CBC	2. BI CBC
3. BI ESR	3. BI ESR
4. RBS	4. RBS
5. SGOT	5. SGOT
6. SGPT	6. SGPT
7. HCV Antibody	7. HCV Antibody
8. S Cholesterol	8. S Cholesterol
9. S Uric Acid	9. S Uric Acid
10. Blood group & Rh factor	10. Blood group & Rh factor
11. Test for Hepatitis B(Hb <sub>s</sub> Ag)	11. Test for Hepatitis B(Hb <sub>s</sub> Ag)
12. BI VDRL	12. BI VDRL
13. HIV I&II	13. HIV I&II
14. Audiometry	14. Audiometry
15. X-ray chest (PA)	15. X-ray chest (PA)
16. ECG	16. ECG
17. Ultrasound (USG) of the Abdomen & Pelvis	17. Drug & Alcohol Screening**
18. Drug & Alcohol Screening *	18. Physical Examination
19. Physical Examination	19. Spirometry
20. Psychometric evaluation on case to case basis	20. Ultrasound (USG) of the Abdomen & Pelvis
21. Stress test (Optional)	21. Psychometric evaluation or psychological evaluation
22. 2D echo Doppler study (for heart patient) (Optional)	22. Stress test (optional)
	23. 2D echo Doppler study
* Drug & Alcohol Screening – Morphine, Barbiturates, Marijuana, Cocaine, Amphetamines, Alcohol (Optional upon doctor's discretion)	** Drug & Alcohol Screening – Barbiturates, Amphetamines, Marijuana, Cannabinoids, Benzodiazepine, Alcohol

## Medical Records



GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR  
MINISTRY OF TRANSPORT  
DEPARTMENT OF MARINE ADMINISTRATION  
YANGON, MYANMAR

## MEDICAL RECORDS FOR MYANMAR SEAFARERS

Issued under the provision of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended and to meet the requirements of the Maritime Labour Convention (MLC), 2006

Name of Seafarer : .....

Seafarer's Book Number : .....

VALID UP TO : .....

REGISTRATION DATE : .....

# CONFIDENTIAL

(သဘောထားကိုယ်တိုင် သိမ်းဆည်းထားရန် အတွက်သာ)

REGISTRATION NO.:

YANGON



## Record of Medical Examinations for Seafarers

Issued under the provision of the International Convention  
on Standards of Training, Certification and watchkeeping  
for Seafarers (STCW), 1978 as amended and  
in line with the Maritime Labour Convention  
(MLC, 2006) of ILO

### I. Examinee's Information

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex ☐ male ☐ female

Passport No.: \_\_\_\_\_

Seafarer's Book No.: \_\_\_\_\_

N.R.C No.: \_\_\_\_\_

Home address: \_\_\_\_\_

Department served on board (deck/ engine / radio/ catering/other):

Routine and emergency duties (if known):

Type of ship (e.g. general cargo, container, tanker, bulk, passenger):

Trade area (e.g. coastal, near-coastal, tropical, ASEAN, worldwide):

## II. Examinee's Personal Declaration

*Have you ever had any of the following conditions?*

Condition		Yes	No
1.	Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>
2.	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3.	Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
4.	Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
5.	Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>
6.	Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
7.	Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
8.	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
9.	Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>
10.	Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>
11.	Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>
12.	Skin problem	<input type="checkbox"/>	<input type="checkbox"/>
13.	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
14.	Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>
15.	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
16.	Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>
17.	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
18.	Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>

- |     |   |                          |                          |
|-----|---|--------------------------|--------------------------|
| 19. | Do you smoke, use alcohol or drugs?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Operation/surgery                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Epilepsy/seizures                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Dizziness/fainting                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Loss of consciousness                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Psychiatric problems                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Depression                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Attempted suicide                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Loss of memory                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Balance problem                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Severe headaches                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Ear(hearing, tinnitus)/nose/throat problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Restricted mobility                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Back or joint problem                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Amputation                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Fractures/dislocations                      | <input type="checkbox"/> | <input type="checkbox"/> |

*If you answered "yes" to any of the above questions, please give details:*

Additional question		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>
41.	Are you allergic to any medications?	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

42. Are you taking any non-prescription or prescription medications?

☐ ☐

If **“yes”**, please list the medications taken, and the purpose(s) and dosage(s):

## RELEASE

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witnessed by (signature): \_\_\_\_\_

Name of witness: \_\_\_\_\_

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. \_\_\_\_\_ (the approved medical doctor).

Signature of examinee \_\_\_\_\_

Date (dd /mm /yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witnessed by (signature): \_\_\_\_\_

Name of witness: \_\_\_\_\_

Date and contact details for previous medical examination (if known):

\_\_\_\_\_  
\_\_\_\_\_

### III. Medical Examination

(to be completed by the physician)

#### Sight

Use of glasses or contact lenses: Yes ☐ No ☐  
(if yes, specify which type and for what purpose)

#### Visual acuity

Unaided	Right eye	Left eye	Binocular
Distant			
Near			
Aided	Right eye	Left eye	Binocular
Distant			
Near			

#### Visual Field

	Normal	Defective
Right eye	<input type="checkbox"/>	<input type="checkbox"/>
Left eye	<input type="checkbox"/>	<input type="checkbox"/>

#### Color vision

☐ Not tested ☐ Normal  
☐ Doubtful ☐ Defective

#### Hearing

Pure tone and audiometry (Threshold values in dB)				
Ear	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right				
Left				
Speech and whisper test (metres)				
Ear	Normal		Whisper	
Right				
Left				



## IV. Clinical findings

(to be completed by the physician)

Height: \_\_\_\_\_ cm; Weight \_\_\_\_\_ (kg)

Pulse rate: \_\_\_\_\_/minute; Rhythm \_\_\_\_\_

Blood pressure: *Systolic*: \_\_\_\_\_(mm Hg); *Diastolic*: \_\_\_\_\_( mm Hg)

Urinalysis: Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ Blood: \_\_\_\_\_

	Normal	Abnormal
1. Head	<input type="checkbox"/>	<input type="checkbox"/>
2. Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
3. Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>
4. Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>
5. Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>
6. Eyes	<input type="checkbox"/>	<input type="checkbox"/>
7. Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>
8. Pupils	<input type="checkbox"/>	<input type="checkbox"/>
9. Eye movement	<input type="checkbox"/>	<input type="checkbox"/>
10. Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>
11. Breast examination	<input type="checkbox"/>	<input type="checkbox"/>

12.	Heart	<input type="checkbox"/>	<input type="checkbox"/>
13.	Skin	<input type="checkbox"/>	<input type="checkbox"/>
14.	Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
15.	Vascular (inc. pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
17.	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
18.	Anus (not rectal exam.)	<input type="checkbox"/>	<input type="checkbox"/>
19.	G-U system	<input type="checkbox"/>	<input type="checkbox"/>
20.	Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
21.	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
22.	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
23.	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
24.	General appearance	<input type="checkbox"/>	<input type="checkbox"/>

### Chest X-ray

☐ Not performed    ☐ Performed (date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Results: \_\_\_\_\_  
\_\_\_\_\_

### ECG

Results: \_\_\_\_\_  
\_\_\_\_\_

### Ultrasound

Results: \_\_\_\_\_  
\_\_\_\_\_

### Other diagnostic test(s) and result(s)

Test:

Result:

Medical doctor's comments and assessment of fitness, with reasons for any limitations:

## V. Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded on the medical examination form, I declare the examinee medically:

<input type="checkbox"/>	Fit for lookout duty	<input type="checkbox"/>	Not fit for lookout duty	
	<b>Deck Service</b>	<b>Engine Service</b>	<b>Catering Service</b>	<b>Other Services</b>
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <i>Without Restriction</i>	<input type="checkbox"/> <i>With restrictions</i>		
Visual aid required	<input type="checkbox"/> <i>Yes</i>		<input type="checkbox"/> <i>No</i>	

*Describe restrictions (e.g., specific positions, type of ship, trade area):*

Medical certificate date of expiry (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical certificate date of issue (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Reg. Number of Medical certificate: \_\_\_\_\_

Signature of medical doctor: \_\_\_\_\_

### Medical doctor information

Name of medical doctor: \_\_\_\_\_

License Number: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

## Medical Certificate for service at sea

- Under the authority of the **Department of Marine Administration** this certificate is issued under the provisions of the International Convention on Standards of Training, Certification and watchkeeping for Seafarers (STCW), 1978, as amended and to meet the requirements of the Maritime Labour Convention (MLC), 2006.

### 2. Seafarer information

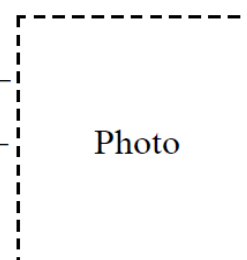
Full Name: \_\_\_\_\_

Seafarer's Book No.: \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ male ☐ female

Nationality: \_\_\_\_\_



### 3. Declaration of the recognized medical doctor

	Yes	No
--	-----	----

3.1 Confirmation that identification documents were checked at the point of examination:	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

3.2 Hearing meets the standards in STCW Code, section A-I/9:	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

3.3 Unaided hearing satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------	--------------------------	--------------------------

3.4 Visual acuity meets standards in STCW Code, section A-I/9?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

3.5 Colour vision meets standards in STCW Code, section A-I/9?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

3.5.1 Date of last colour vision test: \_\_\_\_/\_\_\_\_/\_\_\_\_

3.6 Fit for lookout duties?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	--------------------------

3.7 No limitations or restrictions on fitness?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If "no", specify limitations or restrictions:

\_\_\_\_\_

3.8 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard? ☐ ☐

3.9 Date of Examination: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

3.10 Date of Expiry: (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 4. Details of the approved medical doctor

***Commitment:***

*The recognized medical doctor has not knowingly omitted or falsified any material information relevant to this form.*

Official stamp:	Signature:
Name of doctor:	
License No.:	
Clinic:	

#### 5. ***Acknowledgement:***

I have been informed that I have the right to appeal and advised how to make an appeal in case of result as *temporarily or permanently unfit* for service or imposed *limitations* on my duties due to reasons which have been explained.

**Seafarer's signature:** \_\_\_\_\_

*This certificate is issued to meet the requirements of the International Convention on Standards of Training, Certification and watchkeeping for Seafarers (STCW), 1978, as amended and the Maritime Labour Convention (MLC), 2006.*



## NOTICE TO THE HOLDER OF THIS CERTIFICATE

1. This booklet of the medical examination records should be kept by seafarer individually while serving on board a ship and should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept confidential and shall only be used to facilitate the treatment of the seafarer.
2. The medical certificate (A5 size), that is issued together with this medical records booklet, contains only information directly relevant to the functional requirements of the seafarer's duties and details of any medical conditions or test results other than those listed herein are not recorded in that Certificate in accordance with the ILO/IMO Guidelines on the Medical Examination of Seafarers, Appendix G.
3. The shipowner or manager or Master of the ship may collect the medical certificate (A5 size) in respect of joining on board ship or prior thereto. The ship Master will maintain the medical certificates of all crew members and make available on board for inspection by authorities.
4. If the medical certificate expires during a voyage it may extend to be valid for a period of no more than 3 months from the date of expiry mentioned in it until the next port of call where a medical practitioner recognised by the Party is available.
5. It has been confirmed that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code and that seafarer who has been refused a medical certificate or has had a limitation imposed on his ability to work shall be given the opportunity to have a further examination by another independent medical doctor or by an independent medical referee in line with the appeals procedure is provided in section 15 of the Guidance for Seafarer Medical Examinations and Certifications (downloadable website: <http://www.dma-mm.org/>) issued by the Department of Marine Administration.

\*\*\* Seafarers are warned not to alter, correct or insert in any way tamper with the entries on this certificate since the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.

Name of Clinic: .....

Address: .....


**CONFIDENTIAL**

(သဘောသားကိုယ်တိုင် သိမ်းဆည်းထားရန် အတွက်သာ)

This medical certificate should be retained for at least **five years** from the date of issue.

## 24.10 Form VII

## Medical Certificate

Full Name:		Certificate No.	Seafarer Book No.	Date of Birth	Nationality	Gender
		12345699	888888	dd-mm-yy	Myanmar	MALE
<b>Declaration of the recognized medical doctor</b>						
ID checked at the point of examination	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hearing standards as STCW A I/9		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Visual acuity standards as STCW A-I/9	YES <input type="checkbox"/> NO <input type="checkbox"/>	Unaided hearing satisfactory		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Colour vision standards as STCW A-I/9	YES <input type="checkbox"/> NO <input type="checkbox"/>	No limitations or restrictions on fitness		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of last colour vision test (dd/mm/yy):		If "no", specify limitations or restrictions:				
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of examination	Date of expiry	Fit for lookout duty	Deck	Engine	Steward/Others	
dd-mm-yy	dd-mm-yy	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	
I have been informed of the content of the certificate and understood the important notes thereof.		<b>Detail of issuing authority</b> Name of Medical Centre:  Signature of doctor: Name of doctor: Licence Number:				
Seafarer's signature						

## IMPORTANT NOTES

1. The original of the certificate must be kept available in accordance with regulation I/2, paragraph 11 of the STCW Convention while serving on board a ship.
2. The medical certificate contains only information directly relevant to the functional requirements of the seafarer's duties and details of any medical conditions or test results other than those listed herein are not recorded in this Certificate in accordance with the ILO/IMO Guidelines on the Medical Examination of Seafarers, Appendix G.
3. The shipowner or manager or Master of the ship may collect **medical certificates** in respect of joining on board ship or prior thereto. The ship Master will maintain the medical certificates of all crew members and make available on board for **inspection** by authorities. Medical **examination records** (booklet) should only be kept by seafarer individually and those should not be exposed to other parties without the permission of the seafarer concerned. The contents of the medical records will be kept **confidential** and shall only be used to facilitate the treatment of the seafarer.
4. If the medical certificate expires during a voyage it may extend to be valid for a period of no more than **3 months** from the date of expiry mentioned in it until the next port of call where a medical practitioner recognised by the Party is available.
5. It has been confirmed that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code and that seafarer who has been refused a medical certificate or has had a limitation imposed on his ability to work shall be given the opportunity to have a further examination by another independent medical doctor or by an independent medical referee in line with the appeals procedure is provided in section 15 of the **Guidance for Seafarer Medical Examinations and Certifications** issued by the Department of Marine Administration.